2411 N. Charles St., Baltimore

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03500

Reg. Dist. No. ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County all gardy	
City or lown	Tel account of
How long in above place of death? 363 Mas 6 Unfafel 23 Alak	(It outside city or town limits, write RURAL and gitte nearest town)
Hospital, Institution, or street address whose death occurred:	Street No. 2 main officet
V	(If rursl, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ellin Burko, abbott	217-03-5888
4. Set 5. Color or rager 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Thate White Granried	20. DATE OF DEATH. May 13 1847 21 7.50 P
8Mm along day	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife	april 25 1847, 10 May 13 1847
S.(c) It allve, give age O. J. years	and that I last saw h in alive on may 13 1347
7. Birth dale of deceased (mo., day, yr.) Oct. 20, 1910	Immediate cause of death DURATION
8. AGE: Years Months Days 11 less than one day	Ocute myo cardial failure
36 6 23 hrs.	
Consuling all constants	L. Chenis myocarditis 14.
9. Birliplace (Town, coupy, and state)	Ca dilea Ke My Supha
launten tekenag	
10. Usual occupation.	Que 10
11. Industry or business Washau amware	
12. Name Scotland	Diher conditions
X 13. Birthplace Scotland	(Include pregnancy within 3 months of death)
14. Maiden name Jane Gordon 15. Birthpiace Turker own	Major findings of operations.
E 15. Birthplace	Date of op.
16. Informant Ivilliam flotoll	Autopsy results
Address Imaconna, Md	
2. 1. 1/2 (21/2)	22. VIOLENCE: 11 death was due to external causes, till in the following;
(Burial, cremation, of removal. Which?)	Acciden1, suicide, or homicide
Cemetery or crematory Connections faturel Hil	(City or town) (County) (State)
The state of the s	Injured at home, farm, industry, public place (where?)
Location mask on the true.	
18. Funeral director (M), Gichhary	Maens of injury Injured 2t work?
Address L. maconina. Cond.	Morning Teens M. n
CPI THE MARKET	23. SIGNATURE M. D. or other
19. Olate/rec'd by registrar) Registrar	Address Westernport, M. d. Date signed 5-14.47



CERTIFICATE OF DEATH

With	2	orate IIIDA;W.F	.WILLIAMS		2411 N. (DEPARTMENT OF HEAL Charlos St., Baltimore	тн.	035(Reg. Dist. No) 1 .4
on carefully. The correcterry and legibly	information carefully. The corr of death clearly and legibly	1. PLACE OF DEAT County	ANY Ideath? Ireet address where d	289	moresel Xs	City or town (If outside city of Street No. 302 WAVEF	Country Countr	nother) ALLEGANY , write RURAL and give nea RACE LOCATION)	rest town)
	nati	3. (a) FULL NAME						3. (b) Social Security	Number
	de	MRS.	MINNIE A	LDERTO	N			None	
DNG	of	4. Sex FEMALE	5. Color or race WHITE		e, married, widowed, or divorced DOWED	MEL MAY I,	1947	ERTIFICATION IO;45 P.M	[
VS A15 9.45-15M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes	3 INK. Supply every i	7. Birth date of deceased (mo., dsy. yr.) 8. AGE: Years 70 9. Birthplace	AUG. Months 8 RYLANDIOWN. WOUSEWOR	Days 15 County, and K	If less than ooe day	years and that I last saw h	on the date about 19.4	ve stated; that I attended dece	ased from 19. 4. DURATION 2. 4.
	WITH UNF important.	12. Name JACOB THOMAS 13. Birthplace GERMANY 14. Maiden name Mary Jane McTEE 15. Birthplace MARYLAND 16. Informant Lloyd Bucy Address 307 Helen St, Cumberland, Md.			Major findings of operations	Page cause to wh	uich death should he charged		
	E PI	17. Bur (Buriai, cremation, cemetery or crematory Location	Cumber Willia Cumberl	nmount land, m.H. M	ight. P. Tranklin M	Accident, suicide, or homicide Where did injury occur?(C	City or town)	(County) Inere?) Anjured at work?	(State)

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2411 N. Charles St., Baltimore 95-2

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Rural Cumberland	state Maryland County Allegany		
City or town	City or town Rural Cumberland, (If outside city or town limits, write RURAL and give nearest town) Street No. #3 Bedford Rd. Cumberland, (If rurel, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
RAYMOND WILLIAM ARMBRUSTE			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH May 10, 18 47 , 17:10 P		
8.(b) Name of husband or wife Maude Elizabeth Wolford 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Apr. 6, 1881	21_I CERTIFY that death occurred on the date above stated: That Lattended deceased from 19		
8. AGE: Years Months Days If less than one day	Immediain cause of death DURATION		
9. Birthplace. Cumberland, Allegany, Md. (Town, county, ond state) 1D. Usual occupation Retired Circulation Mgr. 11. Industry or business Cumberland daily news	Due to Due to Due to		
11. Industry or business Sumbolifation and I will be such as a sum of the sum			
12. Name Wm. Armbruster Lagrange Cumberland, Md.	Dther conditions		
Minnie Miller	(Include pregnancy within 3 months of death)		
Minnie Miller 14. Maiden name. Minnie Miller 15. Birthplace Cumberland, Md.	Major fiedings of operations		
Mra Maude Armbructer	Autopsy results.		
Address R. D. #3 Cumberland, Md.	PHYSICIAN: Please underline the easse to which death should be charged statistically.		
Burial (Buriol, cremation, or removal, Which?) Date thereof May 13, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory St. Lukes Cem.	Where did Injury occur?		
Location Cumberland, Md.	Injured at home, farm, industry, public place (where?)		
Charles L. George	Msans of Injury Injurger 3 Work?		
Address Cumberland, Md.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
19. May 13 19 47 J. P. Franklin, M. D. (Date rec'd by registror)	23. SIGNATURE M. D. or other M. D. or other Date signed		

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information carefully.

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

PLAINLY, vis especially

PLEASE WRITE

VS A15

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

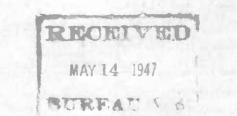
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CERTIFICATE	OF	DEATH	
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/	Reg. Diat. No.
1. PLACE OF DEATH: County	(If outside city or town limits, write RURAL and give nearest town) 235 MAPLE ST. (If rural, give LOCATION)
WILLIAM HENRY BA	AKER
4. Sex 5. Color or race 6.(a) Single, married, widow MALE WHITE MARRIED	AULU
6.(b) Name of husband or wife	ge 75 ge 75 ge 75 ge 75 one day rs. min. RGINIA Due to. Becuralized arfrioselesoris 6 223.
12. Name JACOB BAKER, 13. Birthplace VIRGINIA 14. Malden name ELIZABETH FUNK, 15. Birthplace VIRGINIA 16. Informant RALPH BAKER,	(Include pregnancy within 3 months of death) Major findings ol operations
Address FROSTBURG, MD. 17. BURIAL Date thereof MAY (Burial, cremation, or removal, Which?) Cemetery or crematory SALISBURY Localion SALISBURY, PA. 18. Funeral director J. R. DURST, Address FROSTBURG, MD. 19. May S., 19. 47. P. Traus	22. VtOLENCE: tt death was due to external causes, fill in the following; Accident, suicide, or homicide



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: County 41/6 9 0 5 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town May, write RURAL and give nearest town)	State Md county Allegany
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospitai, Institution, or street address where death occurred:	
	Street No
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Jarah M. Barger	Amej
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widowed	
777437734	20. DATE OF DEATH. 79 4 16 19 47 21 115 A.1
5.(b) Name of husband or wife Tohn F. Barger	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7	March 19, 46, to, Maz (6 19 4)
7. Birth date of	and that I last saw h A alive on Ma 19.5/2
deceased (mo., day, yr.) May 25, 1868	Immediais cause of death DURATION
8. AGE: Years Months Days If iess than one day	caractan hear Gunds
78. 11 21 brsmin.	Joeline
mt. stores W. Vivaluia	Due to
9. Birthplace 11 to Story, the Virginia	chomi moundité L'ha
10. Usual occupation. House wife	D. d.
11. Industry or business On a home	Due to
12. Name Benjamin Cosner 13. Birthplace W, Va.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Eliza Harsa	
14. Maiden name Eliza Harsh 15. Birthplace Preston Co, W. Vo,	Major findings of operations.
M = 11.41	Date of op.
16. Informant Mrs. Edith Wise	Antopsy results
Address It. 4. Comberland, Md.	
(Rurial cremation or removal Which?) (Rurial cremation or removal Which?) (Rurial cremation or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory Barger Cemetery (private)	Where did injury occur? (City or town) (County) (State)
Location near Trigatown md	Injured at home, farm, Industry, public place (where?)
1 - 1 . 20 . 1/-1.	Means of tnjury tnjured at work?
18. Funeral director	(111 - 111)
Address Cifebulated, Med,	- Comment (MI)
may 19 , 47 May 21, 1947	23. SIGNATURE M. D. or other
19. (Pute registrer) Registrer	Address J9 Neene 1), Date signed 5-194



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03505

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state Maryland county Allegany
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	Clity or town
Hospital, institution, or street address where death occurred:	street No. 200 Seymour St.
E 200 Seymour St.	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Martha Ellen Barnhart	None
	MEDICAL CERTIFICATION
Female White Widowed 5.(b) Name of husband or wife Joseph W. Barnhart 7. Birth date of decreed (no. day v.) March 25, 1868	2D. DATE OF DEATH
6.(b) Name of husband or wife Joseph W. Barnhart	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) It allow give age	3/16/1 19 19 to 15-3/16/1 19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) March 25, 1868	Immediais cause of death DURATION
8. AGE: Years Months Days It less than one day	May and Talest
8. AGE: Years Months Days It less than one day 79 1 21	in.
Wilton Co Donne	Due to S
	home My attraction
10. Usual occupation Housewife	Due to.
11. tndustry or business	As forthering
12. Name Martin True 13. Birthplace Penna.	Other conditions
Ty 12 Birthalasa Penne	
K Town III I am	
14. Maiden name Jane Hiles	Msjor findings of operations.
13. Birthplace Penna. 14. Maiden name. Jane Hiles 15. Birthplace Penna.	Date of op.
II as m as a	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Paradol De	1 22. VIOLENCE: If death was due to external causes, till in the following:
Address 200 Seymour St. Cumberland, Md Burial (Burial, cremation, or removal, Which?) Date thereof. May 10 1947. (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	
Location Berkley Springs, W. Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles L. George	Means of Injury tnjured at work?
Address Cumberland, Md.	
may 18 19 47 & P. Traublin M.	23. SIGNATURE M. D. or other
(Date ree'd by registrar) Registr	ar Address Date signed Date signed

MAY 27 1947 BUREAU V B. Dr. Walters

	W.T.
	ATMIX
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AID	FACE
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Address | E. Main St. Frostburge signed 5/20/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

03506

City or town (If outside city or town write, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME Michael Daniel Bart	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife / Jartha Miller Bortgis 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9 19 47 to May 18 1947 and that I last saw h 1 m alive en May 18 1947
7. Birth date of 1	Immediais cause of death. accident 3w/s.
9. Birthplace Bedford Con Pa (Town, county, and state) 10. Usual occupation Reaming Souse proprietor	Due to
11. Industry or business 12. Name Daniel Bartais	Other conditions Bronchial pneumonia 10 Lag
14. Maiden name Liza Betson 15. Birthplace Holland 18. Informant Mrs. Bertha Krouse	(Include pregnancy within 3 months of death) Major findings of operations
10. Informance of the second s	Antopsy results
Address Stor Tct. Pa. 17. Burial, cremation, or removal. Which?) Date thereof Jay 21, 1947. (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory Bese Hill Cometery	Where did Injury occur?
Location Comber and Man	Means of Injury Injured at work?
Address Capacibaland Fred.	23. SIGNATURE / Hilda Jaur Wal My D. or other
19, 5- 20 18 4) Mus Mauly A Registrar	Address E. Main St. Frostburge signed 5/20/47

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MAY 23 1947

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tem of information carefully. The causes of death clearly and legibly

ADING INK. Supply every in Physicians: please write the

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

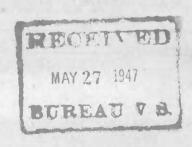
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DURATH

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	Reg.	Diat.	No.	
EC	EASE	D:	T	A III II

		175	7 4-		-1-81-1.
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED: f mother)
			***************************************	state Maryland county Allegany	
City or towe	Cumberla:	riu mits, write R	URAL and give nearest town)		11 . /
them have be above above	e of death?	Weeks	and give meaters some	City or town Flintst.C	me LURAL and vive nearest town
	r street address where			Street No. Rt # 1.	
					re LOCATION)
	r Institution?			2.(a) If veteran, name war	
3. (a) FULL NAM	E				3. (b) Social Security Number
J. (u) 1 - 1 - 1		ace Be	nnatt		None
1 2	5. Color or race		e, married, widowed, or divorced		
4. Sex	a, Guidi di lacc	0.(6)511181	e, manifes, wishwes, or situates	MEDICAL C	CERTIFICATION
Fem le	White		Married	20. DATE OF DEATH. May 2	20 147 at 4-35
6.(b) Name of husband	er wifeJo	seph B	ennett	21. I CERTIFY that death occurred on the date a	
		6.(c) If alive, give ageyears	04//	14/10 2. 10.19
7. Birth date of	Dece	mber 2	5 1873	and that I last saw halive on	
8. AGE: Year		Days	It less than one day	Immediaiu carise ol death	DURA
0				Justin	Med-Of
73	4	25	hrsmln.	2002.0	1 1
Ba Ballana Ba	rnum Garre	tt Co,	Maryland	Due to Denovy	lizado
9. Birthpiace	(Town,	county, and	state)	artoria .	walle - al land
1D. Usual occupation.	H	ouse			7
11, industry or business		n		Due to	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Otho D	arnard			
12. Name			1	Dither conditions	
			aryland	(Include pregnancy within 3	months of death)
田 14. Maiden name	Marth	a Lohr		Major findings of operations.	2me
14. Maiden name 15. Birthplace	Garr	ett Co	, Maryland		man Man
— ()3. Bitmplace	Mrs Ross			7187	Q Date of op.
16. Informant				PHYSICIAN: Please underline the cause to	which death should be charged statistically.
Address 324	Bedford St	, Cumb	erland, Ind.		
Day	miol	Date thes	5/23/47	22. VIOLENCE: If death was due to external c	
(Burial, cremation	rial		eof	Accident, suicide, or homicide	
Cemetery or crematory Fairview Cemetery			Cemetery	Where did Injury occur?(City or town	(County) (State)
Location Artemas, Pa.				Injured at home, farm, Industry, public place (
18. Funeral director William H. Kight				Means of Injury	Injured at work?
1B. Funeral director	Willia	m H.K.	lent	7.1	101.
Address	Cumber	land,	Md.	Nin.	T. Millis
m	- /	0	P+ 11. 21	23. SIGNATURE	M, D. os othur
19. (Date ree's by r	2 2 19 4 7.	X	Nauklu III.	Address Churcher	Lande signed 5/



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

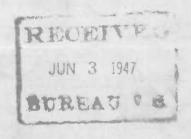
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2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) How long in above place of death?... Hospital, Institution or street ddress where heath occurred (If rural, give LOCATION) How fong in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 6.(a)Single, married, widowed, or divosced 4. Sex MEDICAL CERTIFICATION 20. DATE OF DEATH 7. Birth date of deceased (mo., day, yr.) Daye It less than one day 8. AGE: Years Monthe (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name...... 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide..... (month) Whera did Injury occur?(City or town) (County) Injured at home, tarm, Industry, public place (where?) Injured at work? Meane of Injury 18. Funeral director.. Address Registrar

MAY 15 1947
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2411 N. Charles St., Baltimore

State County Addition the State of the State	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infama give residence of mother)
City or form. It of the state of each or two plants with Stippel and give nearest town) Row leng in above piece of each or two plants of the state	County Illegange	7 // ///
New long in abase place of cashin. The state of the second institution of the control institution of t	City or town.	6.2
Street No. (If cural, give LOCATION)		(If owtside city or town limits, write RURAL and give nesrest town)
Box long in hospital or Institution? 2.(d) It reteran, name war 3. (b) Social Security Number 3. (c) FULL NAME 3. (b) Social Security Number 3. (c) Social Security Number 3. (d) Social Security Number 3. (d	Hospila institution or street address where death occurred:	
Now long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) Social Security Number 3. (d) Social Security Number 4. Ser 5. Color or race 6. (a) Single, married, widowed, or divorces 4. Ser 6. (b) Rame of husband or wife 6. (c) Haller, gire age. 7. Serial date of deceased (no. dar, rr.) 8. (c) It alier, gire age. 9. Ser 10. Usual occupation. 10. Usual occupation. 11. Industry or buringss. 12. It has a serial content of the date above stated: that I attended deceased (no. dar, rr.) 11. Industry or buringss. 12. It has a serial content of the date above stated: that I attended deceased (no. dar, rr.) 12. It has a serial content of the date above stated: that I attended deceased (no. dar, rr.) 13. Birthplace 14. Marchael occupation. 15. Information. 16. Information. 17. Whisper name 18. Content of the date of the date above stated: the I attended deceased (no. dar, rr.) 18. Whisper name of the date of the date above stated: that I attended deceased (no. dar, rr.) 19. Birthplace 10. Usual occupation. 10. Usual occupation. 11. Industry or buringss. 12. Information. 13. Birthplace 14. Maiden name 15. Information. 16. Information. 17. And the service of the date o		
8. (b) Name of husband or wife. 1. Birth date of deceased (mo. day, yr.) 8. (c) Where date of the country or businesses 1. Birthplace 1.		2.(a) It veteran, name war
8. (b) Name of husband or wife. 1. Birth date of deceased (mo. day, yr.) 8. (c) Where date of the country or businesses 1. Birthplace 1.		3. (b) Social Security Number
8. (b) Name of husband or wife 5. (c) It alive, give age years deceased (mo, day, yr.) 7. Birth date of deceased (mo, day, yr.) 8. AGE: rear Months 9. Birthplace 10. Usual occupation 11. Industry or husiness 12. I alive or husiness 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Maiden name 18. Competition 19. Usual occupation 10. Usual occupation 11. Industry or husiness 12. Name 13. Birthplace 14. Maiden name 15. Informant 16. Informant 17. Maiden name 18. Competition 19. Usual occupation 19. Usual occupation 10. Usual occupation 11. Industry or husiness 12. Name 13. Birthplace 14. Maiden name 15. Informant 16. Informant 17. Maiden name 18. Competition 19. Usual occupation 19. Usual occupation 10. Usual occupation 11. Industry or husiness 12. Name 13. Birthplace 14. Maiden name 15. Informant 16. Informant 17. Maiden name 18. William 19. William 20. John Mainty 20. John Main	Comment	Bot
8. (b) Name of husband or wife	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. (c) Name of husband or wife. 3. (c) It alive, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days II less than one day 9. Birthplace. 10. Usuat occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Birth date of deceased (mo., day, yr.) 18. The state of deceased (mo., day, yr.) 19. Usuat occupation. 10. Usuat occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. March or removal. Wyleh?) 18. Informant 19. March or removal. Wyleh?) 19. Was the real of the pregnancy within 3 months of death bould be charged statistically. 18. Funeral director. 18. College of the pregnancy within 3 months of death bould be charged statistically. 18. Funeral director. 18. Funeral director. 19. Was the real of the pregnancy within 3 months of death bould be charged statistically. 19. Villan. The proposed of the pregnancy within 3 months of death bould be charged statistically. 19. Villan. The proposed of the pregnancy within 3 months of death bould be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: 18. Funeral director. 18. Funeral director. 19. Was did hajory occur? (City or town) (County) (County) (State) Injured at home, tarm, industry, public place (where?) Massens of injury Injured at work?	7 10.7.4 \ 1.1 00	
8. (c) Name of husband or wife. 3. (c) It alive, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days II less than one day 9. Birthplace. 10. Usuat occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Birth date of deceased (mo., day, yr.) 18. The state of deceased (mo., day, yr.) 19. Usuat occupation. 10. Usuat occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. March or removal. Wyleh?) 18. Informant 19. March or removal. Wyleh?) 19. Was the real of the pregnancy within 3 months of death bould be charged statistically. 18. Funeral director. 18. College of the pregnancy within 3 months of death bould be charged statistically. 18. Funeral director. 18. Funeral director. 19. Was the real of the pregnancy within 3 months of death bould be charged statistically. 19. Villan. The proposed of the pregnancy within 3 months of death bould be charged statistically. 19. Villan. The proposed of the pregnancy within 3 months of death bould be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: 18. Funeral director. 18. Funeral director. 19. Was did hajory occur? (City or town) (County) (County) (State) Injured at home, tarm, industry, public place (where?) Massens of injury Injured at work?	Temple While Widowdy	20, DATE DE DEATH. 19: 4 21 0.30 0. M
1. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days If less than one day 8. Birthplace Distribution (Town, county, and state) 10. Usual occupation Due to Sith place 11. Industry or busingss 12. Name Sith place S	Francis Bust	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
18. Informant Address The Addr		19 10 19
Immedia: a right of death Duration		and that I last saw h & allve on Mrs. 18.47
8. AGE: Years Months 93 6 2 8 hrs. min. 9. Birthplace		
9. Birthplace	8. AGE: Years Months Days If less than one day	Cerebral Heworrhage. I week
9. Birthplace	83 6 28hrsmin.	
10. Usual occupation	B. H.	Vascular Hypertension
11. Industry or business 12. Name	9. Birihpiace	& action Delevosio.
11. Industry or business 12. Name	In Heural occupation Description	
12. Name		
12. Name 13. Birthplace 14. Malden name 15. Birthplace 16. Informant Address 17. Burial, cremation, or removal. Wpich?) Cemelery or crematory Location 18. Funeral director Address Address Address Address Address Address Address Address Address Accident, suicide, or homicide Injured at home, tarm, industry, public place (where?) Injured at home, tarm, industry, public place (where?) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, till in the tollowing: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death)		The state of the s
14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 16. Informant 17. 17. 17. 17. 17. 17. 17. 18. Funeral director 18. Funeral director 18. Funeral director 19. 1	12. Name	Other conditions
16. Informant	[13. Birthplace dunicing	(Include pregnancy within 3 months of death)
Actors Address Actors or removal. Which?) Location Company of the following: 18. Funeral director Address Tastana And States and S	14. Malden name Local Brief	
Actors Address Actors and Finjury County Injured at work? Actor Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: tf death was due to external causes, till in the tollowing: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Masans of injury Injured at work?	5 15 Birthplace Her warning	
Address Address PHYStCIAN: Please naderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide		
Address Address 22. VIOLENCE: tf death was due to external causes, till in the tollowing; Accident, suicide, or homicide	16. Informant I The Thirty of the State of t	Autopsy results
Accident, suicide, or homicide	Address My. Sarage, Ind.	
Cemelery or crematory. Location Location Address Character (City or town) (County) (County) (County) (State) Injured at home, tarm, industry, public place (where?) Injured at work? (City or town) (County) (State) (State) (Injured at home, tarm, industry, public place (where?) (Injured at work?)	13 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Location 2 1 Sample Control of the C	(Burial, cremation, or removal. Which?) (month) (day) (yesr)	Acceptant Services
18. Funeral director	Cemelery or crematory	Where did injury occur?
18. Funeral director	I had samed but.	Injured at home, tarm, Industry, public place (where?)
Address Fronthing My Villiam E. Morely	Location - Location	
Address That Ing, M.D. or other	18. Funeral director	
23. SIGNATURE M, D, or other	Address Thather My	(villian 7. moselus
	7. 22 12 1 CA T	M, D, or other
(Pate recistrar) 1047 Nes men M Darmill Registrar Address Mr. Savage, Ind Date signed 5-19-4-7	(Data red by registrar) Registrar	Address Mr Sovage, mg Date signed 5-19-4-7



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

63510

rporate litties	RYLAND STATE DEPART 2411 N. Charles St., 1	Baltimore 61 01)
	CERTIFICATE C	F DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County Clip or town City or town limits, write RURAL	State	SUAL RESIDENCE (HOME) For rewborn infants give residence of Lucia town well	OF DECEASED: of mother) ounty Ounlise
How long in above place of death? Hospital, Institution, or street address where death occurred:	1:40	(If outside city or town lim	its, write RURAL and afve nearest to ve LOCATION)
3.(a) FULL NAME	2.(a)	f veteran, name war	
Margaret.	Luces Ditte	ier	3. (b) Social Security Number
4. See 5. Color or race 6.(a) Single, marri	ed, widowed, or divorced	MEDICAL (CERTIFICATION
Temale White May	rue 20. DAT	E OF DEATH May	20, 1941 at 2
6.(6) Name of husband or wife Lasfield W.	64 M	ERTIFY that death occurred on the date a	bove stated; that I attended deceased fro
7. Birth date of deceased (mo., day, yr.)	ve, give age years and the	it I last saw h M. alive on M	
	ess than one day	Sulmonary	Consider 4
38 3 //			01
9. Birthplace (Town, county, and state)	Somewal 3 Due to.	Mureelly	Moral alexal
10. Usual occupation. Vousellete	Due to	••••••••••••	******
11. Industry or business		1	- 3000
12. Name Duis Maut 13. Birthplace Sends		onditions / Verno	4 Julianya
	extraua.	(Include pregnancy within	months of death)
14. Malden name Mary Anyde	Major	findings of operations	
(1710 hack) /2/18	t-in		Date of op
18. Informant	Antops PHYSI	y results	which death should be charged statistic
Address Orregaderlle,	1110	OLENCE: If death was due to external c	The second secon
(Burial, cremation, or removal. Which?)	(mores) (day) (jear)	t, sulcide, or homicide	
Cemetery expremetory Semple Con	nptery Where	did injury occur?(City or town)	(County) (State
Location Neigers dall ta King.	Injured	at home, farm, todustry, public place (where (7)
18. Funeral director Carvely	ergles Moens	of Injury	Injured aj work?
Address Hyndmagn,	Disc.	SHATURE News T	leeg min
19. mM Ses 22, 19 47 & P. Dr	aukhi, M.D.	1086/a On a	M. D. or other
(Date rec'd by registrar)	/ Registrar Address		Date signed //



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

ш		
1	1. PLACE OF DEATA:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	County Collagemy	(For newborn infants give residence of mother) State
	(If outside city or town, write RURAL and give nearest town)	(Z - +1) - 1
ı	How long in above place of death? 20/4035	(If outside city or town limits write RURAL and give nearest town)
	Hospital, Institution, or street address where yeath occurred:	Street No. 173 In Star St.
	How long in hospital or institution?	(If rura) (give LOCATION) 2.(a) If veteran, name war.
1	3. (a) FULL NAME	
	William Mc Jahr	Block 216 - 07-4072
1	4. Sex 5. Color or race 6.(a) Single, margled, widowski, or dispract	MEDICAL CERTIFICATION DM
1	note White Massed,	20. DATE OF DEATH May 31 19 47 , 21 2: 15 M
	6.(b) Name of husband or wife Passet to Darde	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
		13.42 to 5 3 13.4
	7. Birth date of deceased (mo., day, yr.) Quely 22 nd. 1886	and that I last saw h
	8. AGE: Years Months Days If less than one day	Immediate guse uf death Carcinoma of Colon DURATION
1	60 10 9hrsmin.	
	9. Birthplace Eithe Sarage Junette Co. Syd.	Bus to
	9. Birthplace (Town county, and state)	DUE (U
	10. Usual occupation	P Due to
	11. Industry or business /Tulley Systemy field 6)
	E 12. Name Deagt Blothy	Other conditions
	3 13. Birthpiace Wirthow Barrett Co. 1 Med.	(Include pregnancy within 3 months of death)
	E 14. Maiden name Software Carolinas	Major findings of operations Caremona Rt Colon
	15. Birthplace Troplburge, Ned.	Date of op. 6/6/42
	16. Informant Washeld Dy Blocker	Autopsy results
	Address 16. Drade St. Fronthugh	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	h Out officer	22. VIOLENCE: If death was due to external causes, fill in the following:
1	(Burial, eremation, op moval, Which?) Date thereof (month) (day (yepr))	Accident, suicide, or homicide
	Cemetery or crematory of the same be mulipped	Where did injury occur?
-	Location Bent to Frestling Ind.	Injured at home, farm, Industry, public place (where?)
	18. Funeral director as of Washing	Means of injury injured at work?
7	Address Foliathura Dalla	12 SIGNATURE Hilder Jaurlealtzm. D.
	AUDIESS JAMES ALL	23. SIGNATURE M. D. or other
	19. (Onte ree'd by registrar) 19 4 M. Mus. Mauly N. Megistrar	Address Frostburg, Md. Date signed 6/2/47

JUN 4 1947 BUREAU V

2411 N. Charles St., Baltimore

166

03512 /

CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Rural) R. F. D. 4 North Branch Md. (If outside city or town limits, write RURAL and give nearest town) How long In above place of death?	State Md. County Allegany City or towRural) R. F. D. 4 North Branch Md. (If outside city or pown limits, write RURAL and give nearest pown)
Hospital institution, or street endress where death occorred: Recommendation of the commendation of the c	Street No. Mar Chuberland, Kural (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
James Dixon Bloss	3. (b) Social Security Number 705-12-7875
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. May 10 19 4.7. 210. 30PM
6. (b) Name of huaband or wife Many Ethel Monnett.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 5, 1891	and that I last aaw h im aliveDead May 11 19.47
8. AGE: Years Mohile Days If less than one day 56 5 5 5 5 5 5 5 5 5 5 5 6 5 5 6 6 6 6	Pulmonary hemorrhage at
9. Birthpiace Morth Branch Maryland	Oue to 22 rifle bullet through
10. Usual occupation. Blacksmith	lungs Due to shot by daughter
11. Industry or business B + O Shops.	Ethel Mae Bloss
12. Name See Williams 12. Name Manyland	Dther conditions
14. Maiden name Sacheal Greenbaugh.	(Include pregnancy within 3 months of death)
2 15. Birthplace Sermany.	Date of op.
16. Informant Mas. James D. Bloss	Autopsy results
Address Marth Branch Marguer 17 Burial Date thereof 5/13/47.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Cemetery or crematory. Davis Minister.	Accident, suicide, or homicidehomicide
Location Cumberland, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Laws Stern Inc.	Means of Injury as above Injured at work? no Deputy Medical Examiner - Allegany Co
Address 117 Freelingh St. Cumb. M.	23. SIGNATURE H. V. Deming M. D. M.
19. Materec'd by registrary Registrary	Address Cumbral and Mad Date signed 5-11/49

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

PLEASE WRITE

VS A15

MAY 20 1947

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

important.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M PLEASE WRITE PLAINLY

MARYLAND STATE DEPARTMENT OF HEALTH

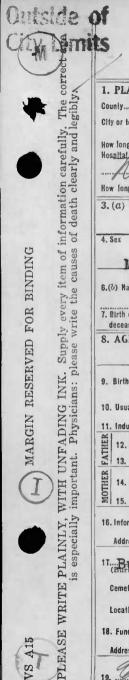
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03513 b

1. PLACE OF DEATH: County Allegany Crossing City or town rural) about 1/4mi. west of Fairgo (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? about 5 hours Hospital, institution, or street address where death occurred:			west of Fairgo URAL and give nearest town) OURS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	rest town)		
How long in hospital or			······································				
3. (a) FULL NAME Fran	cis James	Bob	0	3. (b) Social Security I 2.33-34-594	4 1		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	about.		
male	white	si	ngle	20. DATE OF DEATH May 5 19.4.7			
6.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date above stated; that I attended decea			
7. Right date of			e) It alive, give ageyears	and that I last saw h im allve Dead May 5			
deceased (mo., day, y	July 7-			Immedia: cause of death	DURATION		
8. AGE: Years		Days	it less than one day	Crushed skull, decapitation &	at		
31	9	28	hrs,min.	Exsanguination			
9. Birthplace western part Allegany Md. 10. Usual occupation haborer 11. Industry or business Farm				property & wheels of train			
별 12. Name 국	ames M.	Bob	ο	Dither conditions			
13. Birthpiace	Dawson	Me		(Include pregnancy within 3 months of death)			
	clory svi	Rubin 1/e	Md	Major findings of operations			
16. Informant	s. Lolu r	1. W:	lliams	Autopsy results			
			4 .	PHYSICIAN: Please underline the cause to which death should be charged a	statistically.		
Address Rt. & Keyser, W. Vo. 11. Burial Barial Date thereof May 7,1947 (Burial, cremation, or removal. Which?) Cemetery or crematory. Dawson Method: & Cemetery.			eof Moy 7 19 47	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide	5-47 y Md		
Location Danson, Md,			4	Injured at home, farm, Industry, public place (where?) 25			
18. Funeral director. Taling A. Hafre			1 /)	Means of injury run over by traingured at work? no Deputy Redical Examiner - Allegany			
19. May 7. 19.47 MW Kunus utr. (Date rec'd/by registrar) Registrar			Want.	23. SIGNATURE H. V. Deming M. D. W. J. M. D. Address Combulate Und Date Signed	notife ha 2.		





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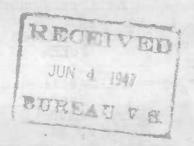
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03514

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Torrolo	state Maryland county Allegany
City or town	
How long in above place of death? 26vrs	City or town IA VA Le (If outside city or town limits, write/RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Mear Cumperland tura
Alak sumblished flust	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Nicholas N. Bolvin	MALO
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH
6.(b) Name of husband or wife Laura Hill Bolvin	21. JCERTIFY that death occurred on the date above stated; that lattended deceased from
	January 10 1947, 10 5/27 1947
7. Birth date of	and that I last saw h. Manalive on 5/4 2
deceased (mo., day, yr.) April 12, 1863	Immediate cause of death
8. AGE: Years Months Days If less than one day	Law Cettal Short
84 1 15hrsmin.	The sul-
Carltown, Pa.	Bet Illi A No. ST.
9. Birthplace	Due to All Andrews And
10. Usual occupation. Retired Lumberman	
	Due to.
11. Industry or business	
12. Name Joseph Bolvin Penna 13. Birthplace	Other conditions
13. Birthplace	1
Malden name Tolk so both Wootsers	(Include prognancy within 3 months of death)
14. Malden name <u>Blizabeth</u> Westover 15. Birthplace Penna	Major findings of operations.
15. Birthplace Penna	Date of op.
16. Informant Earl Combs	Antopsy results
LaVale, Md.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
TI. But p.j. 1 1947. (Burial, cremation, or removal, Which?) Date thereof. May 31, 1947. (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemeter of Crest	
Location Cumberland, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Harvey H. Zeigler	Meens of Injury Injured at work?
Hyndman. Pa.	LAK' O SO MAD IN
Address	23. SIGNATURE & THY agers 8 72 haps, 190
. May 30, 47 X. L. Drankly M. A.	M. D. or other
19. (Date rec'd by registrar) 19 47 Site Mandelly Registrar	Address Aut Mo Bate signed S



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and le

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03515

CERTIFICATE OF DEATH

COOLO

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegani)	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Md County Allegany
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospilal, institution, or street address where death occurred:	Street No. 236 N. Mechanic St.
Allegary Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kenneth M. Burkett	The
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W single	20. DATE DF DEATH
	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
B.(b) Name of husband or wife	2-2 may 1947, to 23 mm 194
7. Birth date of	and that I last saw h. J. A. alive on 23 7 7 19. 14.
deceased (ma., day, yr.) Tanuary 14, 1947	Impredicts cause of death
8. AGE: Years Months Days If less than one day	Premma- Folar
0 4 9min.	Belalial
Gunsherland, Allegany, Maryland	Due to
9. Birthplace Cumberland, Hegany, Mary and	Whom
10. Usual occupation.	Due to
11, Industry or business	<u>A</u> A 7
# 12. Name Ray Burkett	Other conditions Tublerus
12. Name Ray Burkett 13. Birthplace Hyndman, Pa	experience throat
	(Include pregnancy within 3 months of death)
	Major findings ol operations
	Date of op
16. Informant Ray Burkett	Antopsy results
Address Cumberland, Md	22. VIOLENCE: It death was due to external causes, Jill in the tollowing;
17. Buria Carlon, or removal, Which?) Date thereof MAU 75. 1947 (morth) (day (yesr)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did Injury occur? (City or town) (County) (State)
Location Cumberland Md.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. John J. Hofer	Msens of Injury Injured at work?
	I as shipped
Address Centertuland, and	23. SIGNATURE M.D. or other
19 May 25 19 47 S. T. Drawklin M. D	112 KD Stall- 24/11/10
[Date rec'd by registrar / / Registrar	Address Date signed Date signed

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JUN 4 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03516

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. City or town (It outside city or town limits, write RURAL and give nearest town)
How long In hospital or institution?	Street No
3. (a) FULL NAME Mrs. Lawa Clise Buskisk 4. Sex 15. Bolor or, race 6. (a) Single, married, wildowed, or divorced	3. (b) Social Security Number
Remale State Hidowed	MEDICAL CERTIFICATION 20. DATE OF DEATH MAY 29 19 47, at 4, 44, 44
8.(b) Name of husband or write. March. A. S. S. Co. 11 alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 4 10 29 29 19 42 and that I ass saw here alive on the date above stated; that I attended deceased from 19 42
8. AGE: Years Wonths Days If less than one day 4 28	Immediais cause of death DURATION
9. Birthplace (4/Viller) - Puar Audlan (Town, county, and state) 10. Usual occupation Auslet vork	Pho 10.
10. Usual occupation. Town Light 11. Industry or business Own Light 12. Name.	Due to
13. Birthplace . Ambarown	(Include pregnancy within 3 months of death)
14. Maiden name Unfamour 15. Birthplace Quilknown 16. Informant Qames Dewey Buskink	Autoosy results.
Address Conac and And 17 Burial Date thereof (month) (day) (geat)	PHYSICIAN: Please underline the cause tu which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Bushish Burying Grown	Where did Injury occur?
18. Funeral director Mi Bichhow Address Lanaconing, Ald	Means of injury Injured at work?
19. 5-30 1947 Mu Makey M. Brogistrar (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Frostoug M. D. are signed 5-29-47.

JUN 3 1947 BUREAU C 8

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infants give residence of mother)	
City or towRural) Spring Gap Md (Colliers Run)	State Md. County Allegany Rural) Spring Gap. Md (Colliers Run	
How long in above place of death?	City or town Rural Spring: Gap. Md (Colliers Run (If outside city or town limits, write RURAL and give nearest town) Street No.	
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war	
3.(a) FULL NAME	3. (b) Social Security	Number
	Mare -	1 11 4 4 .
Mrs. Cora A. Catlett 4. Ssi 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White divorced	2D, DATE DF DEATH	about
N () N 11 H	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife		
7. Birth date ot	and that I last saw h.e.rall Doad May 2	19.4.7
deceased (mo., day, yr.) Jan. 23 1884	Immediate cause of death	
6. AUL.	Strangulation	at
63 3 1hrs,mln.		A STATE OF THE PARTY OF THE PAR
B. Birthplace	Due to Despondency	19
10. Usual occupation	Due to nervousness	
1t. industry or business Out Trong		years
E 12. Name Junes Wolg	Dther conditions	
13. Birthplace Manyland	(Include pregnancy within 3 months of death)	
14. Maiden name Martha Dotto	Major findings of operations	
S 15. Birthplace Maryland.	Date of op.	
16. Informant Civil & Catlett	Autonsy results.	
C	PHYSICIAN: Please underline the cause to which death should be charged	statistically, 1
Address Spring Step VVI a	22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
17. Burial, cremation, or remain, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicideSuicide	
Cemetery or crematory of see Hill Cem.	Where did Injury occur? Rural Spring Gap, Alleg.	(State)
Houth of Cumb Ma	Injured at home, farm, Industry, public place (where?)	
Location	Injured at home, farm, Industry, public place (where?), Home Strangulation by strip of muslin Msans of Injury Laced around neck Injured at work?	
tB. Funeral director	Deputy Medical Examiner - Allegany	
Address unberland Md.	23. SIGNATUREH. V. Deming M.D. W. Deming M.D.	
19 May 5, 1947 J. P. Franklin M.D	М. Л.	or the
(Date red d by registrar) Registrar	Address Combuland Md Date signed	5-2/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTI	FIC	ATE	OF	DEA	ΛTH

			. /
Reg.	Dist.	No	4

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Allegard City or town
duge Upla	214-05-8725
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w minied	20. DATE OF DEATH MAN 2 1 1947 at 2.42 A
6.(b) Name of husband or wife. Catherina Cifelia.	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) 21, 187 m	and that I last saw h
8. AGE: Years Months Days If less than one day	Tulieonory enfolisse tur minter
9. Birthplace	Due to Due to Other conditions Manie Myocardits / par
13. Birthplace 14. Malden name 15. Birthplace 16. Informant Cotherine Coffice	(Include pregnoncy within 3 months of deeth) Major findings of operations. The state of the sta
Address 303 Vinging and Cumbuland MI 11. Lincol Date thereof (month) (day) (year) Completely or crematory ST Pales + Paral Cumbles	PHYSICIAN: Please underline the caose to which death shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Cumbuland, Md	Injured at home, farm, industry, public place (where?)
18. Funeral director Louis Stein Jun	Meens of injury Injured at work?
Address Cumbuland, Mrd.	5 23 SIGNATURE (Trevaskis, St., MS,
19. Mars 3. 19 47 J. L. Franklin, M. 1 (Date rec'd by registror) Registrar	Address Limbuland med, Date signed 5/21/47

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst sepecially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTITICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. 194.7., 21. 5.4.25.1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 9. 3. 71, 19# 7	and that I last saw h. Aim alive on May 2 19\$7
8. AGE: Years Months Days If less than one day	of semilet few about may 1 27 47
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to
11. Industry or business 12. Name of long land 13. Birthplace Bankern made	Dither conditions.
14. Malden name 1/2/20 C. James 15. Birthpiace Particular Particu	(Include pregnancy within 3 months of death) Major findings of sperations
16. Intermant J. L. L. C. L.	Antopsy results
Address 17. Date (hereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory fluid fl	Where did Injury occur?
18. Funeral director	Msens of Injury Injured at work?
19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Address braconing by Date sign May 22 47

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MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Paul 35211son

		ATE OF DEATH Piedmont, V. V. Reg. Dist. No	a.
1. PLACE OF DEATH: County	ennort. nits, write RURAL and give nearest town) 46 years leath occurred: reet	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Allegany City or town Westernport (If outside city or town limits, write RURAL and give nearest Street No. 442 Spruce Street (If rural, give LOCATION) 2.(a) If veleran, name war.	town)
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White	Widow		11:15 ^T
7. 8irth dete of decessed (mo., day, yr.) 8. AGE: Years Months 71 0 9. Birthplace Powells Fort (Town, c) 10. Usual occupation Dornes 11. Industry or business Own h		and that I last saw her allve on the file man in the same of death and same of death and same of the s	1947 1947 OURATION J Day 3 Mont
16. Informant		Autopsy results	
	nport, Maryland	Where did injury occur?	ate)
Address Stern 19. July 2 19 47 Date ree'd by registrar)	port, naryland	23. SIGNATURE CLESCOSTON M. D. or other Address Pieducat W. V. a. Date signed Time.	L. her 2,194

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about 3 months (include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing;

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

age a	2411 N. Charle	EPARTMENT OF HEALTH on St., Baltimore 12.2 av 13.522 Reg. Dist. No
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: County Allegany City or town. Cumberland, Maryland (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: Memorial Hospital How long in hospital or institution? 7 days 3. (a) FULL NAME Carl Coleman	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland. County. Allegany. City or town. Cumberland. (If outside city or town limits, write RURAL and give nearest town) Street Ho. 505 Green Street. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number 3.5 - 10 - 0095
	4. Sex 5. Cologo race 8.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH May 25, 19.47 2111:50 Am
VS A15 9.45.15M HARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes	6.(b) Name of husband or wife 1. 6irth data of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 38 9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Shoe repairman 11. Industry or business 12. Name George W. Coleman 13. Birthplace Maryland 14. Maiden name Laura V. Lance 15. Birthplace Maryland 16. Informant Memorial Hospital Address Cumberland, Maryland 17. Burden Memorial Hospital Address Cumberland, Date thereof John (didy) (year) Cemetery or crematory Summer Cempaters 18. Funeral director Address 19. Maryland 19. Funeral director Address 19. Maryland Registrary 19. Funeral director Address 19. Maryland Registrary 19. Maryland Registrary	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. In 10

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ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	2003. 2.101. 1.01
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fornewborn infants give residence of mother)
County. Ullyany	State maryland County Allegang
(If outside city or town limits, write RURAL and give nearest town)	16. 1-1-0
How long in above place of death? 25 370	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, pystreet address where death occurred:	Street No. 3.00 Parks (If rural, give LQCATION)
How long in hospital or institution?	2.(a) It veteran, name war. 1st It orly War
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Dernard 6	onet 1705-05-4376
4. Sex 5. Color by race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Write married	20. DATE OF DEATH
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) If alive, give ageyears	19. 7 10. Muss 7 19. T.
7. Birth date of deceased (mo., day, yr.) Xuly 12. 188	and that I last saw he cuplive on 19
8. AGE: Years Months Days It less than one day	Immedia; cause of death DUNATION
51 9 27hrsmin.	
Kensen H. Va.	Due to.
9. Birthplace	
10. Usual occupation Clark	Due to
11. industry or business B & O Ry.	
12. Name James Conff Oreland.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name mary Hanghton 15. Birthplace 91. Va.	Major findings of operations.
15. Birthplace Tr. Var.	Date ot op.
16. Interment Francis Elma Carriff	Autopsy results
Address Combisland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Paris Date thereof May 12 47	22. VIOLENCE: If death was due to external causes, fill in the toilowing;
17. (Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicac, of nominaction
Cemetery or crematory.	Where did Injury occur? (City or town) (County) (State)
Location Oldton Rd Cumbuland.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director dono	Means of Injury Injured at work?
Address Promberland	John South and to Ma
Man 12 un & Pota Hi: M. A	23. SIGNATURE M. D. prother
19. (Date rec'd by registrar) Registrar	Address willed Rand Mel Date signed 5 / 27

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55%)

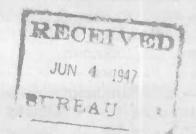
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cumberland	state Maryland county Allegany
Cliy or town. Clif outside city or town limits, write RURAL and give nearest town)	
. How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred: Allegany Hospital	Street No. Brunswick Hotel Baltimore St. (If rural, give LOCATION)
	(If rural, give LOCATION) 2.(a) If veteran, name war
How long in hospital or institution? 3. (a) FULL NAME	3. (b) Social Security Number
The conference of the conferen	
Jieuseppi Deroma Cossu 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH. May 24, 19 47 at 6:45P M
S.(6) Name of husband or wife	21. I CERTIEV that death occurred on the date above stated: that I affended deceased from
7, Birth date of	and that I last saw h alive on
deceased (mo., day, yr.) Oct. 20, 1877	Immediate cause of death DURATION DURATION
8. AGE: Years Months Days If less than one day	Claucer y special
69 7 # 4min.	pelore avones. I year
9. Birihplace Italy (1own, county, and state)	Could not fried sets of
10. Usual occupationLaborer	Que to orequial growth
11. Industry or business Contracting Co.	
置 12. Name	Dther conditions
13. Birthplace Unknown	
14. Maiden nameUnknown	(Include pregnancy within 8 months of death)
15. Birthplace Unknown	Major findings of operations.
	Date of op.
16. Informant (Papers On Person) By C. L. George	PHYSICIAN: Please coderline the cause to which death should be charged statistically.
Address 202 Greene St. Cumberland, Md.	22. VIOLENCE: If death was due to external causes, till in the following;
Burial Burial Dale thereof May 27, 1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory S.S. Peter & Paul	Where did Injury occur?
Location Cumberland, Md.	injured at home, farm, industry, public place (where?)
18. Funeral director. Charles L. George	Means of Injury Injured at work?
Address - Cumberland, Md.	a course Rift, e resalison, M.S.
19 May 26 1947 J. P. Frankleis, M. D. Registrar	23. SIGNATURE M. D. or other Address cumberland md Date signed 5/26/4/7.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2.(a) If veteran, name war.....

Injured at home, farm, Industry, public place (where?)

Means of Injury

Dr Paul R.

Reg. Dist. No...

3. (b) Social Security Number

Injured at work?

CERTIFICATE OF DEATH

Z. USUA (For	L RESIDENCE (HOME) OF DECEASED: newborn infants give residence of mother)
State 11.1	arvland county Allegany
City or tow	Lonaconing - Rural (If outside city or town limits, write RURAL and give nearest tow
Street No	3 miles Tast of Lonaconing

How	long	In	hos	spitai	or	institution?.
3. (a) l	U	LL	NA	ME	

How long in above place of death?....

Hospital, Institution, or street address where death occurred:

1. PLACE OF DEATH:

CRAVFORD

	MEDICAL C	ERTIFICATION	
2D, DATE DF DEATH	ax 7	19	47, 9:05p
ANA	17	ove stated; that I attended	7 44/
and fhaf I last saw h. L.M.	alive on	Mey	19
Immediate cause of, death	Canei	Ney	DURATION
of hive	- WITI	gener	4
Metzsts	565	gener	3 MONT
Due to		•••••	
Jue to			
Other conditions			
	pregnancy within 3		11
Major fiediags of operation	ons. C. C.	19 und	07
hover		Date of op	Calleden A 2 y Ca
	erline the cause to v	which death should be cha	rged statistically.
22. VIOLENCE: If death	was due to external ca	uses, fill in the following:	
Accident, suicide, or homic	ide,	Date of	
		(County)	

5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex married Female 7. Birth dele of deceesed (mo., day, yr.) If less than one day Yssre 8. AGE: Domestic 1D. Usual occupation .. Cwn home 11. Industry or bueiness L. Klipstein 14. Maiden na 15. Birthplace 14. Maiden name..... Parton, Maryland Trs thry Groves Luke, maryland Address Burial (Burtal, cremation, or removal, Which?) Date fhereof (month) (day) (year)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	county	State Mading Country allegany
	City or town(If ottside city or town minity write TR (L and give nearest town)	5-11
1	How long in above place of death?	City or town (If outside city or town limits, writh RUAL and give nearest town)
1	45- M. Watt. St	Street No
	How long In hospital or Institution?	2.(a) If veteran, name war
1	3. (a) FULL NAME	3. (b) Social Security Number
	Charles Samuel	Nassow 220-07-6644A
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	m w widowed	20. DATE DF DEATH. May 25 1947 216 P. M.
ı	6.(b) Name of husband or wife	21. I CERTIFY that death occurred of the date above stated; that I attended deceased from
	6.(c) If alive, give ageyears	19 10 May 23 194/
	7. Birth date of deceased (mo., day, yr.) aby 8-1866	and that I last saw have alive on the same and that I last saw have a live on the same and the s
	8. AGE: Years Months Days If less than one day	Immediate cause of death
	8/ // // min.	Chrone Miplandiles Services
	" I alle - md.	Due to
	9. Birthplace. (Town, county, and state)	aterio Selesses ?
	1D. Usual occupation	Due to
	11, Industry or business	
	12. Name Wm. Danson mess	Other conditions
		(Include pregnancy within 3 months of death)
	14. Maiden name Many Land Brooky W. Ya	Major findings of operations
	15. Birthplace Frankford, W. Ya	
	16. Informant Lasses Darpour	Antupsy results
	Address / Frankling, Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
	17 Buil Date thereof may / 29-1947	Accident, suicide, or homicide
	(Burial, cremation, or removal. Which?)	Where did Injury occur? (City or town) (County) (State)
	Cemetery or and a second secon	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
	Location	Means of injury Injured at work?
	18. Funeral director	1. n - 20 0/ \ Sm()
	Address 3 southung, Md	23. SIGNATURE
1	1, 5- 27 1,4) Mus House St- Fac	E A TAME Spd 5 -26 -4
	(Date ree'd by registrar) Registrar	Address Date signed

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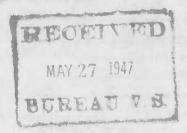
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03527 Reg. Diat. No.....

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
George S. Douglas	flore
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Widowed	20. DATE OF DEATH 19.47 at 5. A.M.
6.(b) Name of husband or wife. Anna Douglas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
E (e) If alive give age	luay 2 19.47 10 luay 22 19.49
7. Birth date of deceased (mo., 4sy, pr.) August 31 1868	and that I last eaw N 4.01. alive on
8. AGE: Years Months Days It less than one day	Immedia Court of death Countries of death of which some
78 9 21hrsmin.	
9. Birthplace	Due to due fie cardio-yes cular disease 3 443.
	Other conditions
12. Name Unknown	
<u>e</u>	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
	Date of ap.
16. Informant Anna Flowers	Antopsy results
Address 523 Washington St, Cumberland, Id. Burial Dale thereof 5/24/47 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Rose Hill Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Cumberland, Md.	Injured at home, tarm, Industry, public place (where?)
tB. Funeral director William H. Kight	Meane of Injury Injured at work?
Churchan and Wa	14 10 157 8
19. (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE Charles T. Thousand M. D. or other Address 1/0 5. Centre 5t. Date signed 5-23-47



Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH Sala 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (Fon newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) City or town ... carefully and How long in above place of death?... Hospital Institution, or street address there death occurred: information care (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFICATION item of i BINDING 20, DATE OF DEATH. The 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife.... 19 46 10 7 May 6.(c) If alive, give age ______vears Supply ever MARGIN RESERVED FOR and that I last saw h .. C.T alive on 7. Rirlh date of deceased (mo., day, yr.) **OURATION** Immediate cause of death. Hypertensive heart disease 8. AGE: Years Terminal cardiac failure 9. Birthplace..... 10. Usual occupation 11. Industry or business 12. Name...... 13. Birthplace important. (Include pregnancy within 3 months of death) 14. Maiden nai 15. Birthplace 14. Maiden name. Major findings of operations..... LAINLY, vespecially PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINLY is especial 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... (Burial, cremation, or removal Which?) Where did Injury occur?(City or town) WRITE (County) Cemetery or crematory Injured at home, farm, industry, public place (where?) Injured at work? Meens of injury 18. Funeral director Address 110 S. Centre St. .Oate signed 7 May, (Date rec'd by registrar)

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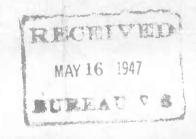
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No. O

CERTIFICATE	OF	DEATH

1. PLACE OF DEATH: County Allegany Md. City or town a bout 1/4 mis east of Lonaconing (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address, where death occurred:	Ma
How long in hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Martha Elizabeth Duckworth	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white married	20. DATE DE DEATH. May 1 19. 47 at 3 . 25P at
6.(b) Name of husband or wife Henry A Duckworth	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of	and that I last saw h. er all Dead May 1
deceased (mo., day, yr.) July 30 - 1872	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Decapitation E:sanguingtion at once
9. Birthplace Pholomy Attention, county, and state) 10. Usual occupation Attention of the Section of the Secti	by a W.Md R.Ry coal train backing up.
	Other conditionsUpper part of chest crushed &
13. Birthplace Shoferix Hill near Barton	Mompound comminuted fracture of right
14. Maiden name Sara Naranicho	Major findings of operations.
15. Birthplace Carrell Too. M. Jew Vourse	Date of op.
16. Informant 1 1 1 Courmers fryance	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, crematory. Cemetery or crematory. Address Date thereof. (month) (yay) (year) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. accident bate of 5-1-47 Mhere did Injury occur? Lonaconing Allegany Md. (City or town) (County) (State)
Location Laconing And	Injured at home, farm, Industry, public place (where?) On W. Md. R. Ry. Means of Injury Run over by coal injurgate on no Deputy Medical Examiner - Allegan
19. 5-3 (Date rec'd by registrar) Address 19. 47 January Boal Registra	23. SIGNATUREH. V. Deming M. D. H. M. D. or other Address Cambelland, May Date signed 5 1/27



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940	7400
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03530

/			CERTIFICA	TE OF DEATH Reg. Diat. No.		
1. PLACE OF DEAT		nv		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Cum	berland	Md.	IIDAI and aire passes town	State		
How long in above place of Hospital, institution, or str	death? 40 yrs eet address where the	lealh occurred	:	(If outside city or town limits, write RURAL and give Street No		
How long In hospital or ins				2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Secur	ity Number	
John	T.Duli	n		218-24-8	240	
4. Sex 5	. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	about	
male	white	sin	gle	2D. DATE DF DEATH May 12 19.4	77.30P.W	
6.(b) Name of husband or	wite none	<u> </u>		21. I CERTIFY that death occurred on the date above stated: that I attended	deceased from	
7. Birih date of		6.(6	c) If alive, give ageyears	and that I last saw him albeard May 13	19.4.7.	
deceased (mo., day, yr.)	Aug. 2	- 187	8	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	Coronary occlusion		
68	9	10	hrs,mln.			
9. Birthplace Kayser Mines & West VA (Town, county, and state) 10. Usual occupation Retined Brackermen				Due to atteriosclerosis		
11. Industry or business						
E 12. Name Calvial Dulin				mir mad been dead about		
				20 hours when found. (Include pregnancy within 8 months of death)		
14. Malden name Unknown 15. Birthplace				Major findings of operations	******************************	
≥ 15. Birthplace	0 + 0	۷.		Date of op		
16. Informant Charles T O ulin				Autopsy results	red statistically.	
Address 414 Comma are Cumbelland. Ml				22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burnol Date thereof May 17 1947 (Burlal, eremation, or removal. Which?) Date thereof (model) (day) (year)						
(Burial, eremation, or removal. Which?) (month) (day) (year) Cemetery or crematory				Where did Injury occur?		
				(City or town) (County)		
Location Cumbeland Mangland						
18. Funeral director. Louis Stein Inc.			.	Maans of injury Medical Examiner - 2	illegany O	
Address Cumbuland, M.				23. SIGNATURE H. V. Deming M. D. W. V. D	eming M. S.	
19. May 6. 19 47 J. P. Franklei M. D. (Date rec'd by registrar)				C 10 1 Yeard	D, or other	

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and l

WRITE

PLEASE

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MAY 20 1947

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03531 8

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Allegary
Cily or town(If outside-sity or town limits, write RURAL and give nearest town)	18 De Maria H
How long in above place o death?	() of country or town limits, write RURAL and gry hearest town)
Hospital, Institution, or story andress where death occurrent	Street No
How long In hospital or institution?	2.(a) if veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mary Cure Day Colkins	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale Orhite , Married	2D. DATE DF DEATH May 30 19 47 21 10 5 M
6.(b) Name of husband on Jashen Olkins	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	march 1944 to May 30 1941
7. Birth dase of deceased (mo., day, yr.) Usual 6 1877	and that I last saw h. 22 alive on 19
8. AGE: Years Mooths Days If less than one day	Immediair cause of death DURAJION
70hrsmin.	
9. Birthplace Plaze, Mashington G. 4110	Due to Hupgy frusive
9. Birthplace	frant discase
1D. Usual occupation ATA CALLUTTION OF	Due 10
11. Industry or business Daniel	
E 12. Name Solve Say	Dther conditions
\$ 13. Birthplace great Cadaport	(Include pregnancy within 3 months of death)
# 14. Maiden name Sara Lawson	Major findings of operations
15. Birthplace Great Cacappa	Dafe of op.
16. Informant Mr. J. H. Elkins	Autopsy results.
Address I havaronina And	PHYSICIAN: Pfease underline the cause to which death should be charged statistically.
	22. VfOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. (May) (Seat.)	Accident, suicide, or homicide
Cemetery or crematory. allegany Commelly	Where dld lajury occur?
Location 4 wstoring That	Injured at home, farm, industry, public place (where?)
18. Funeral director M. Ciclahoria	Means of Injury Injured at work?
Address Langeoning, Md.	11.11. Daniel Jultus mu
1/5	23. SIGNATURE M. D. or other
19. (Dave rec'd by registrar) 19. (Dave rec'd by registrar)	Address Trostling Me Date signed 6/3/47

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03532

CERTIFICATE OF DEATH

	Rog. Dist. 140
1. PLACE OF DEATH: Ollegaus	2. USUAL RESIDENCE (HOME) OF DECEASED: (For mayborn infants give residence of mother)
County	The state of the s
City or town	
How long in above place of death?	(f outside city or town limits, write, RURAL and give nearest town)
Hospital, Institution, or street address where eath occurred:	Street No.
There was the second	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Marvin Wayne Ju	zel noul
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white sugle	20. DATE OF DEATH May 7 19.47, 21. 10.00 A.
	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
6.(b) Name of husband or wife	(1ps 25 1847 10 may 7 184)
S.(c) If allve, give ageyea	and that I last saw have alive on May 7 1944
7. Birth date of deceased (mo., day, yr.) Destender 22 1945	
8. AGE: Years Moons Days If less than one day	Immédiate anse of death DURATION
1 7 14 mi	
2 H - Ollegow Of he	1 The Grand for the state of th
9. Birthplace	Due to.
1. 1. 1. 1. 1. 1. 1.	John John John John
10. Usual occupation	Due to
11. Industry or business	
12. Name Stanley Jugel	- Dther conditions
12. Name Starley Jusel 13. Birthplace Peterselvanea	
5 71: Pat maraner	(Include pregnancy within 3 months of death)
14. Malden name Violet Moroseki 15. Birthplace Perensylvania	Major findings pl pperatious.
E 15. Birthplace Courses wants	Date of op.
16 Informan Mrs Starley Fingel	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Pleyersable Vol	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or remove Which?) Date thereof. May 10 194	Accident, suicide, or homicide
(Burnal, cremation, or rampy (Whiten:)	
Cemetery or crematory	Where did injury occur?
Location Junel Md	Injured at home, farm, Industry, public place (where?)
OUR hourst	Means of injury Impured at work?
18. Funeral director	mamo/ - V
Address Idothura Md.	23. SIGNATURE TOUTH LINE FULLY
5-10- U) W. Vaus. NA	M. D. or other
(Date rec'd by registrar)	ar Address Trost oug mg bate signed Many 9194

TRANSPORT TO A CHARLE

MAY 12 1947 BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County ALLEGANY	·	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town CUMBERLAD		State MARYLAND County ALLE GANY
	hrs. 25 min.	City or town IsONACONING. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address wh	ere death occurred:	Street No.
HEMORIAL HO	SPITAL	(If rural, give LOCATION)
How long in hospital or institution?	hrs. 25 min.	2.(a) If veteran, name war
3. (a) FULL NAME		3. (b) Social Security Number
FOOR STEPE	IEN PATIT.	None
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE	INFANT	20. DATE OF DEATH May 8 19 47 at 8:25 a
6.(6) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that tetterded deceased from
		and that t tast saw h.44 alive on 5 - 7 . 4 7
T. Birth date of deceased (mo., dey, yr.) MARCE	25. 1947	Immedia Cause of death.
8. AGE: Years Months	Days If less than one day	Symptous & rulleura 5wg
6	hrs. min	
9. Birthplace MARVIANT) Losalbring, allegan	Due to
10. Usual occupation		
		Due to
11. industry or business	7000	
12. Name CLYDE I	akron	Other conditions.
S TATIRA	WILLIAMSON	(Include pregnancy within 3 months of death)
TA. Maldell Hame	But.	Major findings of operations.
≥ 15. Birthplace PARY1	AND Daylon	Date of op.
16. Informant	my Mason	Autopsy results - hymhlecol hee Research PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address unific	stary of a	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Wh	ich?) Date thereof (() () () () () () () () ()	Accident, suicide, or homicide
Cemetery or crematory all	nel Kill Cem	Where did injury occur?
Mr	ecorel. Ind.	tnjured at home, farm, industry, public place (where?)
Location	0.00	Means of Injury tnjured at work?
1B. Funeral director	anhorn	
Address Lova	eoning Md.	13. SIGNATURE / Y Ut Cason are
19. Muy 0 19	47 J. P. Frankly M. Registra	Address Address Date signed 18/17

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE PLAINLY, is especially

PLEASE

MAY 14 1947

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03537

CERTIFICATE OF DEATH

og. Dist. No.

			,			
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County						
City or town. (If outside city or town limits, write RURAL and give nearest town)		α,	State			
			City or town (if outside city or town limits, write RURAL and give nearest town)			
	or street address where	death occurred:	717 Bedford St			
Me	morial Ho	spital	Street No. (If rural, give LOCATION)			
41	or Institution?3	days	2.(a) It veteran, name war.			
			IIII W SAMUAM			
3. (a) FULL NA		D W GITGAN	3. (b) Social Security Number			
	HOWAR	D W. GLISAN	None			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	Widowed	2D. DATE OF DEATH. May 17, 19.47 3:10P			
	22. 2					
6.(b) Name of husbar	nd or wife	lie G. Fogle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
Decea	CAC	6.(c) It alive, give ageyears	SEC 16 1946 10 Theory 17 1947			
7. Birth date of			and that I last saw h			
	y, yr.) May 2,		Immediate cause of death DURATION			
8. AGE: Yes	ars Months	Days It less than one day	Chronic Veyocaldeli			
6	9 0	15hrs. min.				
. Blattaine Cu	mberland,	Allegany Maryland	meto Calcia - Selevase			
9. Birthpiace						
10. Usual occupation	Retire	<u>d</u>	Due to			
11 Industry or husin	Automob	ile Dealer	Que To			
			Diber conditions			
HIZ. Rame	Cumberla	nd Md	Other Conditions			
Wm. Ross Glisan 12. Name			(Include pregnancy within 3 months of death)			
14. Maiden name. Harriet Harper 15. Birthplace Elkins, W. Va.			Major findings of operations			
15. Birthplace	Elkins,	W. Va.	Date of op.			
M	rs. Morga	n C. Harris	Autopsy results.			
Address 302 Schley St., Cumberland, Md.			PHYSICIAN: Please underline the cause to which death should be charged statistically.			
			and Attorney at the state was due to external sources till be the tellowing:			
" Buria	1	Date thereof May 20, 1947	Accident, suicide, or homicide			
Burial Date thereof May 20, 1947 (Burial, cremation, or removal. Which?) Rose Hill Cem.		(month) (day) (year)				
			Where did Injury occur?			
Location Cumberland, Md.			Injured at home, tarm, industry, public place (where?)			
18. Funeral director Charles L. George			Means of Injury Injured at work?			
C	umberland		1 6.11			
Addiess		0 0 0	23. SIGNATURE LIFT THAT KEEPS MY			
"May	19 19 47	L. P. Oranklin M. K	MaD. or other			
(Date rec'd by	registrar)	Registrar	Address 49 Greene 57 Date signed 5-19-4			

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MAY 27 1947

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARGIN RESERVED FOR BINDING

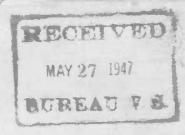
MARYLAND STATE DEPARTMENT OF HEALTH

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U.P.K		ч.	AII)r	170.6	

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D	Diat.	2	0	O	A	
Keg.	Dist. T	¥O				

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	Reg. Diat., No.	1000
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County alleganing	State Manglind County allows	
City or town (If outside city or town limits, write RURAL and give nearest town)	200000000000000000000000000000000000000	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. Maron Road	
alleyony Hospital	(If rurn!, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	*****
3. (a) FULL NAME	3. (b) Social Security Number	
Frank J. Drabenstein	Hore	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m W Wiloued	20. DATE OF DEATH Many 15, 1947 218:30	A
1 m. 20 +	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	151726.11
8, (b) Name of husband or wite June M. Drahenstein	21.1 CENTIFT THAT DEATH OCCUPIED OF THE DATE 2007E STATES, THAT STREET DEATH OCCUPIED OF THE DATE 2007E STATES, THE THAT STREET DEATH OCCUPIED OF THE DATE 2007E STATES, THE THAT STREET DEATH OCCUPIED OF THE DATE 2007E STATES, THE 2007E STATES, THE DATE 2007E STATES, THE DATE 2007E STATES, THE 2007E	47
7. Birth date of 10 10 10 2	and that I last saw h. Challing on 5 - 15 - 47 19	
deceased (mo., day, yr.) Recember 19, 1863	Immediair cause of death DURATII	DN
8. AGE: Years Months Days It less than one day	Immediate Cause of death	
83 4 26hrsmin.	Market 1 24	1/2-
9. Birthpiace Cumberland, Mangland	Due to.	
(10wn, county, and seate)	008 10	
10. Usual occupation Retined Funner		
11. Industry or business	Due to	**********
	Other conditions.	
E 12. Name	Utner conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Museum Mundy	Major findings of operations.	
14. Maiden name Museum Mundy 15. Birthplace Demany	Date of op	
16. Interment Mrs. Joseph Coleman	Antopsy results	
Address 208 Forottle S. T. Cumbelley, Mb.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
D D D D D D D D D D D D D D D D D D D	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
(Rurial cremation or removal Which?) (month) (day) (year)	Accident, sulcide, or homicide	
Cemetery or crematory St. P. Ate T Pund Counting	Where did injury occur?	
C. P. D. A. M.	Injured at home, tarm, industry, public place (where?)	
Location	Mans of Injury Injured at work?	
18. Funeral director. druns Stein Stein	mania or injuly	
Address Cumbalus Md.	Sunday h	1-
Me 10 12 Page 11 Min	23. SIGNATURE M. D. or other	()
(Date rec'd by registrar) Registrar	Address S-17-47 Date signed S-17-	-4
(Date to a program)	104 3. 04.5%.	



hin corporate-limit MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No...... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Allegany information carefully of death clearly and How long in above place of death? 2. 4. 2 av S (If outside city or town limits, write RURAL orland, Hospital, Institution, or street address where death occurred: How long in hospital or institution?..... 2.(a) It veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number None MEDICAL CERTIFICATION BINDING 7-4 19 47 21 5145 A. M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from C. Supply every it please write the FOR 7. Birth date of deceased (mo., day, yr.) Days it less than one day 8. AGE: IARGIN RESERVED ADING INK. Physicians: pl vn, county, and state) 11. Industry or business 12. Name...... 13. Birthplace WITH UNF important. nclude pregnancy within 3 months of death) M 15. Birthplace especially PLAINLY, is especially PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE Injured at home, farm, industry, public piace (where?) injured at work? Means of injury EASE (Date rec'd by registrar

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03538

E OF DEATH	Reg. Diat. No	*****************
2. USUAL RESIDENCE (HOME) (For newborn infants give residence		
State Md		
City or town Rural) near (If outside city or town lim	Rawlings Md.	rest town)
Street No. (If rural, gi	ve LOCATION)	***************************************
2.(a) if veleran, name war		
BURGE DATE	3. (b) Social Security N	lumber
MEDICAL (CERTIFICATION	
		. 0 - 7
20. DATE OF DEATH May 28		
21. I CERTIFY that death occurred on the date		
aed that I last saw h i.m. and dead		
Immediaic cause of death		
Catarrhal Pneumor	nia	About
Due to Measles		4 days
Due fo		
Other conditiona		*******
(Include pregnancy within	3 months of death)	
Major findings of operations	***************************************	
· _r .		
Antopsy results	which death should be charged s	tatistically.
22. VIOLENCE: If death was due to exfernal	cauaes, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town		(State)
injured at home, farm, industry, public place		
Means of Injury Deputy Medical Ex	aminer - Aller	gany
23. SIGNATURE H. V. Deming	M.D. H. V. Dem	r other
Address Commbula	md Date signed	5-128/47

			CERTIFICAT
1. PLACE OF DEATH	Alleg	any	
City or town Rural)			S Md . URAL and give nearest town)
How long in above place of di Hospilal, institution, or stree	eath?3.5 et addreas where	death occurred	
How long in hospital or inst	tution?		
3. (a) FULL NAME			
Mason Gen	e Grog	gs.	, married, widowed, or divorced
4. Sex 5.	color or race	6.(a)Single	, married, widowed, or divorced
male	white_	sir	ngle
B.(b) Name of husband or w	fe. Mor	<u></u>	
) If alive, give ageyears
7. Birth date of deceased (mo., day, yr.)	Dec. 1	4 194	.3
8. AGE: Years	Months	Days	If less than one day
3	5	14	hramin.
9. Birthplace	<u> </u>		
	m.	Groggs	3
14. Maiden name.Be	ms.	ell Mi	ller
16. Informant Bund	M.	y. Curtos	
17. Quil (Burial, cremation, or	emoval, Which		of 30 1947 (month) (day) (year)
Cemetery or crematory	Brier Ce	notenz	
18. Funeral director	il & in	in In	
Address Sml	2 19	Mil	June 1
(Date rec'd by registr	ar)	· Vanna	Registrar

JUN. 2 1947

BUREAT V 8

Outside of City# Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County He gap 4 City or fown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Rt. 7 How long in hospital or institution? 3. (a) FULL NAME Charles Oscar Hebne	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. May 30 1947, 21 125 P.N.
6.(6) Name of husband or wife Lo. 10 Blanche Heaner 6.(c) If allive, give age 49 years 7. Birth date of deceased (mo., day, yr.) December 5, 1895 8. AGE: Years Months Days If less than one day 5/ 5 25 hrs. min. 9. Birthplace Buck Valley Pa	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47., 10. 24.43.0
10. Usual occupation. Truck Driver 11. Industry or business Cumb, Cement & Supply Co. ## 12. Name. Fuhn Hebner 13. Birthplace Buck Valley, Pa. ## 14. Malden name. Laura Hill ## 15. Birthplace	Due to
Address Rt. 2, Pleutsberg, 211d. 17. Burial Date thereof. Tune 1, 1947. (Burial, cremation, or removal, Which?) Cemetery or crematory. Hill crest Location. Cumberland, Mag.	Autopsy results
18. Funeral director Address Could be segue of Tour o	23. SIGNATU Benedict Sketarelie M. D. or other Addres faute # 2 Comperland Med 5/30/4

BINDING MARGIN RESERVED FOR WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

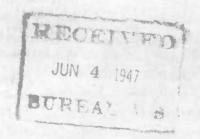
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

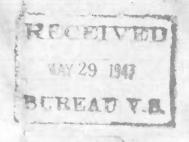
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03540

CERTIFICATE OF DEATH

Pag Dist No.

		Reg. Dist. No.
1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infane give residence of mother)
	COUNTY	State County Old State
	City or town	
	How long in above place of death?	(If outside city or town limits write MORAL and give no rest town)
	113 ge cerlle st	Street No. 13 Jan (If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Fend, while muries	20, DATE DE DEATH MAY 25 1847, at 41/15 Am
	8.(b) Name of husband or wife Casyrey Wiles	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	S.(c) If alive, give age 77 years	20 DS 1942, 10 20 23 184 2
	7. Birth date of	end that I last sew half allve on May 24 19 4
	deceased (mo., day. yr.) 8. AGE: Years Moon's Days It less than one day	Immediate cause of death DURATION
	75 1 8	(Mensmer of finer
	7-11 (1/1 . 210.	
	9. Birthplace (Town, sounty, and state)	Bue to Brokally originating
	1D. Usual occupation Startes	Due to Tunicrus
	11. industry or business	
	# 12. Hame 2003 : 100	Other conditions
	\$ 13. Birthplace Wilmunghay part	(Include pregnancy within 3 months of death)
-	14. Malden name 15. Birthplace	Major findings of operations.
1	€ 15. Birthplace	
	16. Informant Mrs Viller Of water	Autopsy results
	Address Q. Dr New Frestling Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	17 Burist Date thereof May 28-1947	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
	(Burial, cremation, or removal, Which?) (troops) (day) (resolution)	Accident, suicide, or homicide
	Cemetery or crematory	Where did injury occur?
	Location Tradition	Injured at home, farm, Industry, public place (where?)
	18. Funeral Wester Confession	Means of Injury Injured at work?
	Address Horthing Isto.	23. SIGNATURE WOM Janes MR
	1.5-26 1.48 Mu. Haury N. Pag	M.D. or other
	(Date rec'd by registrar) Registrar	Address Date signed 2 26 9



ADING INK. Supply every item of Physicians: please write the causes

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BINDING

FOR

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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

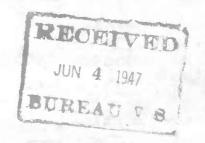
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DR FAW

CERTIFICATE OF DEATH

	0	3	5	4	1
Diat.	No.			4	4

CLRITICAL	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State.W.E.S.TVA
(If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh?6DAYS	City or town
MEMORIAL HOSPITAL	Street No
How long in hospital or instilution?	2.(a) It veteran, name war
3. (a) FULL NAME SAMUED, HETSHMAN	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH MAY 3/ 1947 at // CA M
6.(6) Name of husband or wifeIDAHEISHMAN	21. I CERTIFY that death occurred of the date above stated: that I attended deceased from May 25- 19 47 10 May 31 19 47
7. Birth date of deceased (mo., day, yr.) Securbes 15, 1872	and that I last saw hours alive on the same of death DURATION
8. AGE: Years Months Days It less than one day	with pentoutis, and
9. Birthplace OLD FIELDS W. VA: (Town, county, and state)	Due to believy obstruction
1D. Usual occupation	Due to
11, Industry or business	
E 12. Name HEISHMAN, JACOB	Other conditions Seculity
14. Malden name OTILIA CRAWFORD 15. Birthplace W. VS	(Include pregnancy within 8 months of death) Major findings of operations.
2 15. Birthplace W V2	Date of op.
16. Intermant Messal Rospital	Autopsy results. Protect duration select - and PHYStCIAN: Please undefine the care to which death should be charged statistically.
Address Mules and, 110. 17. Buria Date thereof Mal 3, 1947	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide
(Burial, cremation, or removal, Which?) (month) (daf) (year)	Where did injury occur? (City or town) (County) (State)
Location Thorosopield, W. Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C. Thrush a Jone	Means of Injury Injured at work?
Address Moorefield W. 19.	23. SIGNATURE Willem Faces, fr
19. Mars 31, 1947 Xareklur Magistrar	Address S washing for St - auch Date signed May 31, 19x)



clearly and

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BINDING

ARGIN RESERVED FOR

1. PLACE OF DEATH: County ALLEGANY

City or town... CIIMBERLAND

How long in above place of death?.....

MEMORIAL HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No .. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State PENNSYRVANIA COURTY FAYETTE (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) If veteran, name war..... 3. (b) Social Security Number

How long in hospital or	Institution?	• • • • • • • • • • • • • • • • • • • •					**********
3. (a) FULL NAME							-
HOLLER,	GRACE	E.	MRS.	•			
4. Ssx FEMALE	5. Color or race WHITE		TT.	le, married, RIED		or divorced	
6.(b) Name of husband 7. Birth date of deceased (mo., day, ye			6.(OSTY (c) It alive,		59 7	years
8. AGE: Years	Months	1	Days	[t les:	s than one	day	
60	4		3		hrs.		min.
9. Birthplace.P.A	/// (Te		nully, and		Bedy	lord (S, Ta
11. Industry or business							
84							

20. DATE OF DEATH MAY 4, 1947 .47 .8:55A 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

MEDICAL CERTIFICATION

12. Name MOWER
13. Birthplace PA. 12. Name MOWERY JACOB. HE 14. Maiden na 15. Birthplace 14. Malden name SHERMAN MARIA

(Include pregnancy within 3 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, till in the tollowing; Accident, suicide, or homicide.....

Where did Injury occur? (State) (City or town) (County)

Injured at home, farm, industry, public place (where?) Injured at work? Msans of Injury

23. SIGNATURE...

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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4 1 4				A 5-4	V/1		

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County Allegany Wa	State WaVa . County Mineral
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? about 3 hrs.	City or towRural Keyser W. Va. R. V. D. 1 (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Fountain Rd. near Headsville W. Va.
W.Md.R.Ry.tracks, about 300ft west of	(If rural, give LOCATION) 2.(a) If veteran, name war World War 2
Yow long in hospital or institution? River Rd. crossing.	
3. (a) FULL NAME	3. (b) Social Security Number
Earl Delbert Hott	232-26-3090
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about
male white married	2D. DATE OF DEATH. May 8 19.47 2111.30Pm
6.(b) Name of husband or wife Mary Trenton Hott	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 2.3 years	19, to
7. Birth date of	and that I last saw h im a Road May 9 1947
O ACE. Years Months Days If jess than one day	Immediate cause of death
29 . 10 28min.	Body bisected & at
	Exsanguination once
9. Birthplace. Heads. ville. W. Va. (Town, county, and state)	Due to Accident (Trespasser)
1B. Usual occupation Rubber Worker	Due to Fell from W.Md.freight train
11. Industry or business Kelly-Springfield Tire Co.	and body was cut in half.
12. Name Samuel Walker Hott 13. 8irthplace Kirby W. Va.	Dither conditions
3 8 13. 8 1thplace Kirby W. Va.	(Include pregnancy within 3 months of death)
14. Maiden name Anna Taura Wilson 15. Birthplace Norman, Missouri 16. Informant Samuel Walker Hott	
S & Norman Missouri	Major findings of operations
= 15. Birinpiace IN OTHERS MITS	
	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Wiley Ford W.Va.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial 5/11/47 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Queens Point Cemetery	Where did injury occur? Cumberland Allegany Md. (City og town) (County) (State)
Keyser, W. Va.	linjured at home, farm, Industry, public place (where?) W. Md. a.R. a.R.y.
18. Funeral director	Meene of injury Fell from Freightied twein (no beputy induced Examiner - Allegany Co.
Warran W Wo	
Address Aeyser, W. Va.	23. SIGNATURE H. V. Deming M. D. H. V. Doming M. D. or other
19. May 10 19 4 7 X Tranklin, M. N. Registrar	Address Cambriland Md Date signer 5 9- 47

MAY 14 1947

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

19.4.7 DURATION about

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cumberland Md (If outside city or town limits, write RURAL and give nearest town)	State Md County Allegany
	City or town Rural R. F. D. 2 Flintstone P.O. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Allegany Hospital	*iWet No. Break Neck Road (If rural, give LOCATION)
How long in hospital or institution? 28 hours	2.(a) It veteran, name war
3. (a) FULL NAME	
3. (a) FULL NAME	3. (b) Social Security Number
Harold (Hearld) (Harrol) A. Hott. 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	2D. DATE DF DEATH MAY 5 18 17 . al 10 . 1
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above staled; that I attended deceased from
	19
7. Birth date of 7. 3. 7. 0. 4. 0. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	and that I last saw h. im all and May 6 18.4.
deceased (mo., day, yr.) July 30-1940	Immediate cause of death
8. AGE: Years Months Days If less than one day	General plastic peritonitis abou
6 9 5min.	30 Hr
9. Birlholace Rawlings Allegany Md.	Due to Two transverse perforations
(Town, county, and atate)	of the ilium with free fecal
1D. Usual occupation	ownmatter in peritoneal cavity
11. Industry or business	
E 12. Name Hanny afam Hoth	Diher conditions.
13. Birthplace Palenalum W. Vu	
E 9. 41:0 11.00	(Include pregnancy within 3 months of death)
14. Malden name Luttie H. all 15. Birthplace Petensburg W. Va.	Major findings of operations.
	Dale of op
16. Informant Hanny a. 14th	Autopsy results.
Address RFD #2 Flintstone Md.	PHYSICIAN: Please underline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) Bate thereof. (mobile) (day) (year)	Accident, suicide, or homicide accident Bate of 5-4-47
Cemetery or crematory. River Cemetern	Accident, sulcide, or homicide
Location Rambings MD	laured at home farm, industry, public place (where) Brook Neak Board
Location	Means of Injury Kicked in abdometypered at works. horse.
1B. Funeral director druin & Lin, Mr.	Deputy Medical Examiner - Allegany
Address Workenland Md.	
m & day & Date Illiam A	23. SIGNATURE H. V. Deming M. D. M. D. or other
19. Marklin M-N (Date rec'd by registrar) Registrar	Address Date signed 5 6/44

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MAY 14 1947

1 A .

OURATION

(State)

Injured at work?

Injured at home, farm, industry, public place (where?)

Means of thiury

23. SIGNATURE

Registrar

18. Funeral director Address

(Date rec's by registrar)

5. NO. 1 6 TO The Rest Profile May since the late of the 715 Simerby St alies The let Johnson Toons Francis with indones 2017 LA C 1001 (4 5-6- H) 11100 THE STATE OF THE PARTY OF RECEIVED STATE STATES MAY(20 1947 Norman . The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

						L .	
1. PLACE OF DI				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County						Allegany	
City or towo	Cumberland	s. write	RURAL and give nearest town)				
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				City or town(If outs	Cumber Land	rite RURAL and give nearest town)	
Hospital, institution, o	or street address where dea	th occurre	d:	Street No. 15			
	15 Valley	St	***************************************	Street No	(If rural, give LO	CATION)	
How long in hospital	or institution?			2.(a) If veteran, name war			
3. (a) FULL NAM	AE .			3. (b) Social Security Number			
	Edv	vard	D. Johnson			705-05-5300	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced		MEDICAL CER	TIFICATION	
Male	White		Married	20. DATE OF DEATH	Nay 20	1947 at 5-45 A	
6.(b) Name of husban	d or wife Emma	Plu	ckett Johnson			stated; that I attended deceased from	
			(c) If alive, give age 64 yea		12 19.4	7 to 3 DE 19 4	
7. Birth date of	777	nown	1000	and that I last saw h.d.	Analive on	1 5 - 18 4	
R AGE: Yes		Cays	If less than one day	Immediaic cause of deat	ь	DURATION DURATION	
o. Aut.		00,0			•		
67			hrs. inle	X St	an o		
9. Birthplace	(Town, cou			. Due to	A A		
	(Town, con	nty, und	atate)	OV.	GTS	mach	
10. Usual occupetion	Ma	2111111	2 n-2n3	Due to			
	Baltimore		110 Rallroad	-		7	
12. Name		m		Other conditions	Cono	mat or	
13. Birthplace	11			URDEN	pregnancy whin 3 mon	our storage	
Halden same	Unkn	own		V /	(/ / /)		
14. Maiden name	11			Major findings of operat	2/	contrip	
	35 7Aug	To To	hnaon	- 07		Date of op. 3-10-	
	Mrs. Em			PHYSICIAN Pierce und	lerline the cause to which	death should be charged statistically.	
Address 15	Valley St, C	umber	rland, Md.				
17. Buris	e.l.	Cate the	reof 5/22/47 (month) (day) (year)		was due to external causes		
	tory Rose			Where did injury occur?	(City or town)	(County) (State)	
Location	Cum	berla	and, Md.	Injured at home, farm, in	dustry, public place (where	?)	
18. Funeral director.	Will	iam I	I. Kight	Means of injury	0 /	injuséd at work?	
Address			nd, Md.		M. +.	Villia	
		0	D + 11. m	23. SIGNATURE.		M. D. or other	
19. /May	22,1847	X	To OYAUKUU, M.N.	Address List	ulul	and signed 5-20-5	

MAY 27 1947 BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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TITLE	LITAT AAT	ZTIAD						
	G	110	IIIN	5	1947	CERTIFICATE	OF	DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County ALLECANY	State MARLYAND County ALLEGANY		
Cliy or town	CIMPERTAND		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Nasoltal, Institution, or street address where death occurred:	Street No. 953 BRADDOCK ROAD		
MEMORAIL HOSPITAL	(If rural, give LOCATION)		
Now long in hospital or institution? 7 DAYS	2.(a) If veteran, name war		
3. (a) FULL NAME Merion	3. (b) Social Security Number		
MR. STANLEY, JONES	1214-07-0520		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE MARRIED	2D. DATE DE DEATH MAY 21 19 47 41 5:35A M		
8.(6) Name of husband or wife MARIAN BEARD	not a convict that doubt accurred on the date above stated: that I attended deceased from		
6.(0) Name of nusband of Wife	May 14, 19 47 May 21, 19 47		
7. Sirth date of NOVY 27 200 /// V/G/B 2000	May 14, 1947 to May 21, 1947 and that last saw h alive on May 21, 19 47		
deceased (mo_day, yr.) 1900 - 26, 1907 1009	Immediate cause of death		
o. AGE:	Continuous		
3 // nn 1 // b	12 (00 Que A) E b		
9. Birthplace NEW YORK (Town, county, and state)	Due to		
(IOWI, COULTY, and State)	austrating fall &		
10. Usual occupation. CHEMICAL ENGINEER	Due to		
11. Industry or business KELLY TIRE CO.	Couchian, (1)		
EVAN JONES 13. Birthplace Wales	Other conditions		
13. Dirthplace Walls	(Include preglancy Vilhin 3 points of death)		
14. Malden name CAROLING GRIFFITH	St. t. O hence		
15. Birthplece NEW YORK, Kolland Valent	Major findings of persons and Date of op. 7		
MEMORTAT, HOSPTTAT.	Autopsy results		
10. (1) (1)	PHYSICIAN: Please underline the cause to which death shootd he charged statistically.		
Address CUMBERLAND, MD.	22. VIOLENCE: tf death was due to external causes, fill in the following:		
(Burial, cremation, or removal Which?)	Accident, suicide, or homicide		
Marken les acol (944)	Where did injury occur?		
Cemetery or crematory The Alexander	Injured at home, farm, Industry, public place (where?)		
Location Walnung On Myddu are	Meens of injury Injury Injury		
18. Funeral director. Charles 2. Detrg	2 44 41 -0		
Address Gunberland, Maryland	23 SIGNATURE CALL HOUTENES		
May 22 412 S. P. Franklin M.D.	M, D, or other		
19. May 2 7 1947 A: Nauklu, N. N. (Date rec'd by registrar) Registrar	Address		

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction capecially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infange give residence of mother)
County.	State 2nd - county Cellegery
City or town	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
How long in above place of death?	City or town imiles, write RUKAL and give nearest town
Hospital, institution, or street address where beath occurred:	Sireet No. ((If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	. 3. (b) Social Security Number
Jola Jones	215-01-464
4. Sex 5. Color or race 6.(a) Single married, widowed, of divorces	MEDICAL CERTIFICATION
male What married	20. DATE OF DEATH. May 9th 1947 at 11:45 P.
Read Corena	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(0) Name of husband of Wile	5-9 1947, 10 5-9 1947
7. Birth date of	and that I last saw him alive on May 915 18 47
deceased (mo., day, yr.) (mg - 25 - 1886	Immediate capted death DURATION
8. AGE: Years Months Days If less than one day	Coronery Montosis.
69 8/ 15min.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation of Days Therton	Buckle
11. Industry or business Coleman Corps	986 10
12. Name Satrick ling 13. Birthplace Preday	Dther conditions MyoCorditis -
	(Include pregnancy within 8 months of death)
14. Malden name Mary Goffrey 15. Birthplace Helay	Major findings of operations.
15. 8irthplace Relay	major magings of operations
m soll	Autopsy results.
16. Informan	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address M. J. Darage, M. J.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date Meyeot (physh) (day) (year)	Accident, suicide, or homicide
Cemelery excematory St. Talrichs	Where did injury occur? (City or town) (County) (State)
1 1 2 Pr	Injured at home, farm, Industry, public place (where?)
Location	Maens of Injury Injured at work?
18. Funeral director	the Grand
Address trosling, my.	23. SIGNATURE William Z. Moseley
19. May 12 19 4 6 Viene n Demits	Address My Javage Wd, Date street

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct agis especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	U	U	V		T	
Dist	No			L	1	

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	state Md county Allegany		
City or lown	City or town Ellerslie (If outside city or town limits, write RURAL and giv		
How long In above place of death? About 2 minutes	(If outside city or town limits, write RURAL and giv	e nearest town)	
Hospital, Institution, or street address where death occurred: Memorial Hospital	Street No.		
How long in hospital or institution? about 2 minutes	(If rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Secu	rity Number	
Lettie Klahre	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white married	20. DATE DF DEATH MAY 12 19.4	17 .12.10P	
6.(b) Name of husband or wifeRobertKlahre	21. I CERTIFY that death occurred on the date above stated; that I attended		
7. Birth date of Man 27 (A1)	and that I last saw h er all Dead May 12	19.4.7	
deceased (mo., day, yr.)	Immediais cause of death	OURATION	
8. AGE: Years Months Days Il less than one day	Pulmonary embolus	about	
3 3 2 11 0/5min.	•	l hr,	
9. Birthplace	Oue to Spontaneous abortion	18 hrs	
10. Usual occupation Armente	Rue to		
11, Industry or business	44714		
12. Name Heary Conner	Other conditions		
∑ 13. Birthplace	(Include pregnancy within 3 months of death)		
14. Malden name anne Arrey 15. Birthplace Maryland	Major findings of operations.		
Koles C KVa Nac	Autopsy results as above		
16, Informant	PHYSICIAN: Please underline the cause to which death should he cha	arged statistically.	
Address Date thereof May 18 1947	22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide		
(Burial, cremation, or removal/Which?) (nonth) (day) (year)			
Cemetery	Where did injury occur?	(State)	
Location Page Rd	Injured at home, farm, Industry, public place (where?)	***************************************	
18. Funeral director Otaly & July Ot Tringles	Maans of Injury Injured at work	dlegany Co	
Address oftysedmen (ja)	23. SIGNATUREH & V. Deming M.D. N. P.	C. M mine	
10 May 14, 10 47 J. P. traublin, M. D.	M A A A A A M	I. D. or other	
(Date rec'd[by registrar)	Address	gned 6 - 12 / 4	

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UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING WITH WRITE PLAINLY, is especially

important.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT

E OF DEATH	Reg. Dist. No.	
2. USUAL RESIDENCE (HOME (For newborn infants give residen	ce of mother)	
State MO	County Allega	
City or town	limits, write RURAL and give nearest town)	
Street No.		***
2.(a) If veteran, name war	, give LOCATION)	***
	3. (b) Social Security Number	
nan		
MEDICAL	CERTIFICATION	
20. DATE OF DEATH. May	13 1947 11 8:10/	1 M
/	ite above stated; that I attended deceased from	
	19.47 10 may 13 19.4	2
and that I last saw handalive on	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	DURATION	_
Immediate cause of death	DONATION	*******
	f) f	
Due to	L G / T /	
Due to		••••••
***************************************		•••••
Other conditions		******
(Include pregnancy with	nin 8 months of death)	_
Major findings of operations		••••••
\$ 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Oate of op	•••••
Autopsy results	to which death should be charged statistically.	******
22. VIOLENCE: If death was due to extern		
Accident, suicide, or homicide		
Where did injury occur?(City or to	own) (County) (State)	• • • • • • •
	ce (where?)	•••••
Means of Injury	Injured at work?	
MAMO	Lano S. SMV	
23. SIGNATURE.		

gost burg In

. Date signed 5-15-

1. PLACE OF DEATH: eity or town limits, write RUBAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sex 6.(4) Single, married, widowed, or divorced 5. Color or race B.(b) Name of husband or wife..... .6.(c) If alive, give age. 7. Birth date of deceased (mo., day, yr.) Months If less than one day Oays 8. AGE: (Town, county and state) fO. Usual occupation...... 11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace Address (month) (day) (year) (Burial, cremation, or removal, Which?) 1B. Funeral director-(Date rec'd by registrar)

HTMSE NO STADISTICATE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5400

CERTIFICATE OF DEATH

Reg. Dist. 0355#

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegan	(For newborn infants give residence of mother)
City or town	State
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	a so Co water O - o
Memorial yospila	Street No. (If rural, give LOCATION)
How long in hospital or institution?4.00	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Hillma	Grace Knowton 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed	MEDICAL CERTIFICATION
Lewale White Browns	20, DATE DE DEATH THE QUE 1 2 19 47 at 1:45 f
John Knowl	21. I CERTIFY that death occurred on the late above stated; that I attended deceased from
6.(6) Name of husband or wife	3-2-4-19-4, 10 5-12-19-4
I. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than on	
50 5 23 hrs.	min / Vigne Vinnot
9. Birthpiace Tobewell Bedford C	81 To Due to Oliver With
(Town, bunty, and state)	
10. Usual occupation	Due to.
11. Industry or business	1
E 12. Name W. trela	Asa Other conditions
13. Birthpiace Samerse Co.	(Include pregnancy within 3 months of death)
# 14. Maiden name Saral Wille	7000
14. Maiden name Sanal William 15. Birthplace	Major findings of operations
DO UN V	Date of op. Morris
16. Informant	Autopsy results
Address Southell like - in	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Swide Date thereof Wary	Accident, suicide, or homicide
(Burial, cremation, or removal, Which2) (month)	Where did Injury occur?
Cemetery or crematory.	
Location Liange of	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of injury fojured at work?
Address Crewledand V	and Mit Millians
DIA VIII OPT I	23. SIGNATURE M. D. co-othor
19. (Date reofd by registrar)	Registrar Address Annibentanoble signed 5/14/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise specially important. Physicians: please write the causes of death clearly and legibly.

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532 Jan Marine State S 230 Great and topical generaliz me theling grace Knowless gone For ale white provested. 201 1 1 - 20 1 1.45 L 11. 4 4 1h - FE-E Medically Bulled & Tas REELIVED MAY 20 1947 E ANTE BERES

2411 N. Charles St., Baltimore

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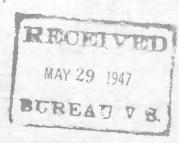
CERTIFICATE OF DEATH

Reg. Dist. No.

1		Neg. Dist. No
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	County allegazy	(For newborn infants give residence of mother)
	City or town	State County County
	How long in above place of death?	(If on seide city or town limits, write RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred:	Street No. P. J. D. H / Trastlung my
	177 D# 1 Frestling M.J.	(If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	Ida May orafferly	none
	4. Sex 5. Color or race 6. (a) Single, married widghed, or divorced	MEDICAL CERTIFICATION
	Temale Write Stidened	20. DATE OF DEATH. May 22 19.47, at 43/PM
	Capri Salletu	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	B.(b) Name of husband or wife	May 22 19.47, 10 Mry 22 19.42
	7. Birth date of S. C. S	and that I last saw had alive on May 22 19.4.
	deceased (mo., day, yr.) / Planch 21, 1883	Immediate cause of death DURATION
	8. AGE: Years Months Days If less than one day	Verelia & Semanting / Day
	64 2 1min.	
	9. Birthplace & Ck hart allegany Md.	Due to.
	9. Birthplace	pyrelension ?
	10. Usual occupation.	Due 10
	11. Industry or business	
	12. Name John Dudley 13. Birthplace / Ect hart mc.	Dther cooditions
		(Include pregnancy within 3 months of death)
	14. Malden name to Gizabeth Naschler	
	14. Malden name to ligateth Veschler	Major findings of operations.
1	18. Informant Mrs. Donald Deffries	Date of op.
	D 1 7. 411/ 1/11	Autopsy results
	Address Orhadiny Trailing Nov.	22. VIOLENCE: If death was due to external causes, fill in the following:
	(Buriat, cremation, or removat, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory Each hast Cemetery	Where did injury occur?
	Eath to my	
	Location Control Contr	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at-works,
	1B. Funeral director.	memo vi mjerj
	Address & dasthurg, md.	a course MAMM times MI
	105-24 145 MIL JOHNIN N KAR	23. SIGHATURE
	(Date rec'd by registrar) Registrar	Address Mas Towned Mg Tiste signed 5-24-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. HMARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No.... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County..... City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 6.(b) Name of husband or wife ADING INK. Supply every in Physicians: please write the 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) to DURATION Immediais cause of death Months If less than one day 8. AGE: Years (Town, county, and state) 10. Usual occupation. 11. Industry or busines WITH UNFA (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations 15. Birthplace PLAINLY, vis especially 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide... Accident Date thereof. (mooth) (day) (year) (Burial, cremation, or removal, Where did Injury occur? Westernhort alle (State) (City or town) Cemetery or cremeter Injured at home, farm, industry, public place (where?) I halian fart. See Location Tiffed at .work? 18. Funeral director Address M. D. or other PHA Date signed 5

REDOMENTES

MAY 27 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

03554 Reg. Diat. No.9

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give reaidence of mother)		
City or town Eckhart Md . (If outside city or town limits, write RURAL and give nearest town)	State Md. County Allegany		
	City or town. Echart. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
flospital, institution, or street address where death occurred: Eckhart, Md.	Street No. Parkersburg Pd.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Charles Tancaster Ir 4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
	MEDICAL CERTIFICATION		
Male white single	20, DATE OF DEATH M2.V 21 19.4.7 21 0 19.4.7		
	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
6.(b) Name of husband or wife	10 to 10		
	and that I last saw him. apoud		
deceased (mo., day, yr.) A110 4 1946	Immediais cause of death. DURATION		
8. AGE: Years Months Days If less than one day	Spasm of the glottis at		
O 9 17nin.	once at		
9. Birthplace Eckhart Md (Town county, and state)	Due to convulsions		
1D. Usual occupation	Due to Voniting heavy curds of		
11. Industry or business	milk & dentition		
E 12. Name Charles Lancaster	Dther conditions		
≥ 13. Birthplace Eckhart Md.	(Include pregnancy within 3 months of death)		
14. Maiden name Mary Margaret Downton			
E 77.77	Major findings of operations		
≥ 1 15. Birthpiace Zlalman Mo.	Date of op.		
14. Maiden name. Mary Margaret Downton 15. Birthplace Ziblman Md. 16. Informant	Autopsy results.		
Address Eckhart Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
17	Accident, suicide, or homicide		
Cemetery or crematory Eckhart Cemetery	Where did Injury occur?		
Location Eckhart, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Jacob Hafor	Meana of Injury Deputy Medical Examiner - Allegany Co		
170	beputy medical Examiner - Allegany Oo		
	23. SIGNATURE H. V. Deming M. D. H. S. M. D. or Wir		
19. 5-22 1947 Mus. Haucy N. Roles (Date rec'd by registrar) Registrar	Address Carelland Prod. Date signed 5 21/4.7.		

MAY 24 1947 BURFATER

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... Date signed

E OF DEATH	Reg. Dist. No	9
2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
State Cour	oly lelege	and
City or town (If outside city or town limits	, write RURAL and give no	est town)
Street No. 7- Ot / O / (If rural, give	LOCATION)	19
2.(a) It veteran, name war		
0 1	3. (b) Social Security N	lumber
Deake		
MEDICAL CE	ERTIFICATION	
20. DATE OF DEATH	3 194.7	at 10 /-1
21. I CERTIFY that death occurred on the date abou		sed from
	10 may	3 19.4
and that I last saw h Analive on	aug 3	194
Immediate cause of death	1	OURATION
Chone, M	yourally	Scana
Due to.		

Due to	***************************************	***********************

Other conditions		•,••••
(Include pregnancy within 3 n	nonths of death)	
Major findings of operations	•••••	
	Date of op	
Autopsy results	ich death should be charged s	atistically.
22. VIOLENCE: If death was due to external cause	ses, fill in the following:	
Accident, suicide, or homicide	Oate of	
Where did Injury occur?(City or town)		(State)
Injured at home, farm, Industry, public place (wh		
Means of injury	Injured at work?	n-
MAMC	1.5	m

MAY 8 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legible.

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DR. C.L. OWENS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1572

CERTIFICATE OF DEATH

Rog. DiscNo. 5.

PLACE OF DEATH: County A LLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State MARYLAND County ALLEGANY
City or town. CUMBERLAND (If outside city or town limits, write RURAL and give nearest town	7/10
How long in above place of death?	(If outside city or town fimits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. RT. # 4
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution? 6 HOURS	2.(a) If voteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
DONNA JOYCE LEASURE	York-
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE INFANT	20. DATE OF DEATH. MAY 19 19.47 19.47 19.43 AM
THAT MILLS INTANT	
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	years heary 15 1947, to be any 19 194)
7. Birth date of	and that I last saw n
deceased (mo., day, yr.) NOV . 22 , 1940 8. AGE: Years Months Days If less than one day	Immediate cause of death
5 27 3 hrs.	min. agust Sun Printering / day
CIMPEUTAND MD	Dué to.
9. Birthplace	Due to.
10. Usual occupation INFANT	Eurovendua 1 Alos
	Due to
11. Industry or business 11. Industry or business 12. Mana. LEONARD LEASURE	
CITA CONTRACTOR OF THE CONTRAC	Other conditions
	(Include pregnancy within 3 months of death)
算 14. Maiden name JUANITA KIEFER	Major findings of operations
14. Malden name JUANITA KIEFER OHIO	Date of op.
18. Informant MEMORIAL HOSPITAL	Autopsy results.
	PHYSICIAN: Please naderline the cause to which death should be charged statistically.
Address CUMBERLAND, MD.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, eremation, or removat. Which?) Date thereof (mongh) (day) (year	
(Burial, cremation, or removat. Which?) (month) (day) (yea	
Cometery or crematory	Where did injury occur?
Location New Flutstone. M.	tnjured at home, farm, Industry, public place (where?)
Harris Steam Arms	Meens of Injury Injured at work?
18. Funeral director.	N 00 M
Address Cumbulant M.	23. SIGNATURE / L Cureur M V
may 21. 117 J. P. tranklis	M. D. or other
(Date resident registrer)	gistrar Address Augusta Lulland Date signed 3 - 19-43

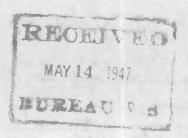
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Within corporate limits GRACIE MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH d Reg. Dist. No... 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: County ALLEGANY COUNTY State PA County SOMERSET A FROIT or town limits, write RURAL and give nearest town How long in above place of death?... Hospital institution, or street address where death pecorred: (If rural, give LOCATION) information of death clea How long in hospital or institution?...... 2.(a) if veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number LOTTIG ANNA 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION tem of i BINDING FEMALE 20. DATE OF DEATH MAY 19. 4.7 at 77:50 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 60 T. Rirth date of deceased (mo., dev. yr.) Months If less than one day Years 8. AGE: MARGIN RESERVED 10. Usual occupation. 11. Industry or businese 12. Name....W 12. Name WILSON (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 14. Maiden name PLAINLY, is especially PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date Thereof (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) 国 (County) injured at home, farm, industry, public place (where?) Means of Injury tniured at work? 23. SIGNATURE.



Within corporate limits

	_		CERTIFICA	ATE OF DEATH	Reg. Dist. No	. 4	
1. PLACE OF D	EGANY			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:		
CIN	ARERTAND		***************************************		County ALLEGANY	****************	
(I	f outside eity or town l		JRAL and give nearest town)	City or town CUMBERLAND (If outside city or town lin		100>>0>>0	
Hospital, institution,	or street address where	death occurred:	***************************************	Street No. 825 SHRIVER AVE		rest town)	
			••••••		(If rural, give LOCATION)		
	or Institution?	DAY	······································	2.(a) If veteran, name war	•••••		
3. (a) FULL NA					3. (b) Social Security	Number	
MR. d	OHN E. MAR		married, widowed, or divorced		More		
					CERTIFICATION		
MALE	WHITE	MARR		2D. DATE OF DEATH MAY 7	19.47	,a11:26 P	
6.(b) Name of husba	nd or wifeMAT	ILDA BL	AUL	21. I CERTIFY that death occurred on the date		aced from	
7. Birth date of			If alive, give age5.7y	and that I last saw h	may !-	7 19 42	
deceased (mo., day	v. yr.) JAN.	26, 188		Immediate cause of death		DURATION	
8. AGE: Ye	ars Months	Days	If less than one day	myseards	Mailure	1 wes	
	DVIAND				-		
9. BirthplaceMA	(Town,	, eounty, and st		Due to Cherry Unit	ie Julyseli	9day	
10. Usual occupation	ASST. CI	TY ENGI	NEER	Due to Colomon 5	2 MA Steres	? /	
11. Industry or busin							
				Dither conditions	-	3 dry	
	CATUEDIN		NTIA	(Include pregnancy within	3 months of death)		
14. Maiden nam 15. Birthplace		***************************************		Major findings of operations	***************************************	,,,,,,,,,	
≥ 15. Birthplace	MARYLAI				Date of op,		
16. Informant				Autopsy results		statistically.	
Address	CUMBERLA		0	22. VIOLENCE: If death was due to external			
17. Durial, cremati	on, or removal. Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of		
Cemetery or crem	/1/.0	lever	t Clus	Where did Injury occur?(City or tow	n) (County)	(State)	
	Person	ubert	and Md.	Injured at home, farm, Industry, public place			
Location	The state of the s	is St	Ein Inc	Meens of Injury	Injured at work?		
	Done						
18. Funeral director	Con	herlos	il mi.	(1	()	410	
	Euros de 1947	herlas	et m.	23. SIGNATURE THANKS	M. D. o	all	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03550

CERTIFICATE OF DEATH

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Dr. Schurle

26	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
3/5	County	(For newborn infants give residence of mother)
-(3)	City or town. (If outside city or town limits, write RURAL and give nearest town)	State Manylood County allegung
200		City or town
carefull arly and	How long in above place of death?	
\ E'e	Allow I Jan 1	Street No. 604 Elm Street
ean	allagung Hospital	(If rurat, give LOCATION)
cl	How long in hospital or institution?	2.(a) If veteran, name war
ath	3. (a) FULL NAME	3. (b) Social Security Number
de	David Metheny	Ame
information care of death clearly	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of i	Male White Single	
n c	14 ma a ma	20. DATE OF DEATH. My 24, 18 47 at 5'.55 P. 1
item caus	6,(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
every ite the	7. Birth date of	and that I last eaw halive on
	deceased (mo., day, yr.) 3 4 Many 1947	Immediate cause of death
ply w	8. AGE: Years Months Days If less than one day	
Supply ease wr	hremin.	Oremtunty 6/27 min
ple		
14	9. Birthplace Cumbulard allagum Many Land (Town, country, and state)	Duo to the transfer of the substitute of the
Ang l		1 Man of
ie.	1D. Usual occupation	Oue to
ADING INK Physicians:	11. Industry or business	
	12. Name Dained Mathemas Va	Other conditions
UNF ant.	\$ 13. Birthplace Kingunger West Va	Other conditions () ()
	. 0	(Include pregnancy within 3 months of death)
	# 14. Maiden name Wanda Zembowe	Major findings of operations
WITH	14. Maiden name Wardan Zembrur	Date of op.
-	16. Informant Mins Janes Semboure	Antopsy results.
all A		PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, is especially	Address 31 4) Emply St. Cumberland Md	22. VIOLENCE: If death was due to external causes, till in the following;
AI	17. Burial, cremation, or removal, Which?) Date thereof. Man 26 19417 (Burial, cremation, or removal, Which?) (mai)th) (day) (year)	
PL s e	(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
E .	Cemetery or crematory. The Italians Issue	Whore did injury occur?
LI	location Cumbuland MD	Injured at home, farm, industry, public place (where?)
N.R.	0. 1	
PLEASE WRITE	18. Funeral director Louis Stain, Suc.	Means of Injury Injured at work?
S	Address Cumbolina Mil	D 200 8 0 10 000
EA	Address The Addres	23. SIGNATURE DA MARIE DA MARIE DA MARIE DE MARI
PL	10 May 26, 10 47 X. 1. Wankley M. A.	14/ E lx C Le 1, 2nd 14 COU
	(Date rec'd by registrar) Registrar	Address T Ment June man to the signed with the

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every item of information carefully. The cite the causes of death clearly and legibly.

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Address

19. (Date rec'd by registrar)

FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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/			CERTIFICA	TE OF DEATH	Reg. Dist. No.	<i>f</i>
EDUNIA	MBERL AND sutside city or town is of death? street address where MEMORI	death occurred	SPITAL	Street No	of mother) HAMPSHIRE mits, write RURAL and give nearest	
3. (a) FULL NAM	E				3. (b) Social Security Num	ber
GLENN	A MAYHEW				None	
4, Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL	CERTIFICATION	
FEMALE	WHITE	SING:	LE	20. DATE OF DEATH MAY 11	19. 47 at.	9:05
	Months VA. VA. (Town.	28, 1: Days /3 eounty, and a) If alive, give ageyears 928 If less than one daymin.	21. I CERTIFY that death occurred on the date MAY 11 and that I last saw h. e. P. alive on Immedia: cause of death Retro-Peritoneal Oue to Concealed.	themorrhage 7	19. 47
11. Industry or busines 12. Name	AYHEW, W	ILLIA TNTA	М	pelvis Diher conditions Auto.acc	ident 1.40 A.M	
14. Maiden name.	PRISCI WEST V	LLA B	ARNES IA	5-11-4.7 (Include pregnancy with) Major fieldings of operations.		
16. Interment		CIAL H	OSP ITAL MARYLAND	Autopsy results		tically.
Buch	Mreg	Date there	(month) (day) (year) Clys Selfes W. Va.	22. VIOLENCE: If death was due to external Accident, suicide, or homicide ACCID. Near Ronney W. Va. R. Where did injury occur? (City or tow injured at home, farm, industry, public place Msans of injury Auto Accidents	ent 511 ount politice w.y. (where?) Route 28	-47

Registrar Address.

MAY 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State WEST VA. County Manager City or town PAW PAW (If outside city or town limits, write RUR L and give nearest town) Street No. (If rurat, give LOCATION) 2.(a) if veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
LESTER McCAULEY	237-10-2550
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	2D. DATE OF DEATH. MAY 12 1947 8:00 A M
102.00	
6.(b) Name of hueband or wife	21. CERTIFY that death occurred on the date above stated; that stiended deceased from
6.(c) If alive, give ageyears	100g 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth date of deceased (mo., dey, yr.) OGT. 3, 18 94	and that I last same alive on 19
8. AGE: Yeare Months Days If less than one day	Immedian cruse of death DURATION
o. AGL.	goro hou dechara
76	
9. Birthplace	Due to.
	seeun
10. Ueual occupation	Due fo
11. Industry or bueiness	
E 12 Name GEORGE MCCAULEY	Diher conditions
12. Name GEORGE MCCAULEY 13. Birthplace W. A.	
	(Include pregnancy within 3 months of death)
	Major findings of operations
	lever + Milsulue glorge Mig 1/1
16. Informant Victor Ms Cauley.	Autopey results.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHYSICIAN: Please underline the cause to which death should he charged statistically.
0 11 51 111 11 -	22. VtOLENCE: If death was due to external causes, fill in the following:
17 Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did Injury occur?
Cemetery or crematory	
Location Saw Gaw W. Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lauris Stews Inc.	Meane of Injury tnjured at work?
Address 117 Frederick St Cumb. Md	108 8 -1 11
Address III Frederick St (unt. 111 a.	23. SIGNATURE
May 13 " 47 V. Paralli: M. A	M. D. or other
(Date rec'd by registrar)	Address Date signed

FOR BINDING MARGIN RESERVED ADING INK. Supply every item of information carefully. The oppositions: please write the causes of death clearly and legibly

PLAINLY, WITH UNF. is especially important.

PLEASE WRITE

(Date rec'd by registrar)

A15 SA



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME John William Mc Clure,	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from A A
8. AGE: Years Months Days It tess than one day 2 2hrsmin.	Myloco dei lema 16M8
9. Birthplace Memphis County, and atate) 10. Usual occupation	(Include pregnancy within 3 months of death) Major findings of operations
(Burial, cremation, or removal, Which?) Cemetery or crematory 11028 Hill Cemetery (year) Location 18. Funeral director Address Constant Hand (1997) Address Constant Hand (1997)	Accident, suicide, or homicide
19. May 2 19. 47. J. P. Granklin, M. J. Registrar	Address yours Senterland about signed /12/4

MARGIN RESERVED FOR BINDING

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 20 1947

9-45-15M

VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County A State of the	State Mary Lord County Allageray
(If outside city or town limits, write RURAL and give nearest town)	Batter 11
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white midowly	20. DATE OF DEATH 2021 2 3 19 4 7 21 4 A
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
21 Connell 6.(c) If allve, give ageyear	1919
7. Birth date of	and that I last saw h / M wire and D May 2-3 19 4
deceased (mo., day, yr.) 8 A.G.E. Years Months Days It less than one day	Immediate cause of death
8. AGE: Years Months Days It less than one day	Transcer de de la Surma
Pot alle med	
9. Birthplace. (Town, county, and state)	Due to
10. Usual occupation	Back.
11. Industry or business	Due to
	Other conditions.
12. Name 2 ame . Marcon 2N d. Coanell	
	(Include pregnancy within 3 months of death)
1 5 A 1 V 1	Major findings of operations
\$ 15. Birthplace fairning no 1	Date of op.
16. Informant Manual Management of the Communication of the Communicatio	Autopsy results
Address Bullon, md-	22. VIOLENCE: If death was due to external causes, till in the following:
12 511 04 Al Date thereof May 35 1907	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	
Cemetery or crematory Jalla U.A. A. C. C.	Where did injury occur?
Location 77/ 02 CV 70 3 78 9	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Means of injury Medical Examiner - Allegany
Address Westernhort, 244.	23. SIGNATURE VY-V-D sming M. D.
19. May 25 1947 Hebyn Wa Boar Mil	M. D. or other Address Address Date signed 5 23 4.

THE White Destroyed REOFITTED MAY 26 1947 Theren in marie Justine 211 eller with a Ba me territore m

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

orate Imite OBSON	2411 N. Cha	DEPARTMENT OF HEALTH	03564
	CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County ALLEGANY CUMBERLAN) limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of state MARYIAND.	
How long in above place of death?	o death occurred:	City or town	
How long in hospital or institution?	2 DAYS	2.(a) If veteran, name war	
3. (a) FULL NAME MILLER, DEL	A MRS		3. (b) Social Security Number
4. Sex 5. Color or race	6.(a)Single, married, wildowed, or divorced	MEDICAL CI	ERTIFICATION
FEMALE WHITE	MARRIED	20, DATE OF DEATH MAY 15,	19. 47 at 7:40 P
7. Birth date of deceased (ms., day, yr.) Octob 8. AGE: Years Months 7 9. Birthplaca	LLER, JOHN 6.(c) If alive, give age 52 year 15, 1887 Days If less than one day O hrs. mi Connty, and atate) IFE	and that I last saw he T alive on	DURATION DURATION Left serve ! dry Left serve ! dry Left serve ! dry Left serve ! dry
14. Maiden name. GRAY, M 15. Birthplace MARYL		major badings of operations	Dafe of op.
101111111111111111111111111111111111111	HOSPITAL D, MARYLAND Bate thereof 5 = 18 - 16 4 2 (month) (day) (year) Lent Coh. T. M Mintuly G Lelle fl. d Registr Registr	PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	with death should be charged statistically. uses, fill in the following: Date of

MAY 27 1947
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

85

CERTIFICATE OF DEATH

03565.
Reg. Dist. No.

City or town. Rural) R. F. D. 3 Keyser W. Va. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death. 28 Years Hospital, institution, or street address where death occurred: Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits, write RURAL and give nearest town) Street No. Black Oak Bottom Farm (If outside city or town limits Street No. Black Oak Bottom Farm (If outside city or town limits MEDICAL CERTIFICATION 20. DATE OF DEATH May 1 2. 21. ICERTIFY that death occurred on the date above stated; that I alfended deceased from 19. 22. Long of Death May 1 2. 23. (b) Social Security Number 24. Set Oak Bottom Farm (If outside city
How long in above place of death? 28 years Hospital institution, or street address where death occurred:
How long in hospital or institution? 3. (a) FULL NAME John Joseph Miller 4. Sex 5. Color or race 8. (a) Single, marked, widowed, or divorced male white single 5. (b) Name of husband or wife. 5. (c) If alive, give age years deceased (mo., dav. yr.) April 5 1919 8. AGE: Years Months Days If less than one day 28 1 14 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation. (Town, county, and state) 11. Industry or business Male Long Male Long Lo
How long in hospital or institution? 3. (a) FULL NAME John Joseph Miller 4. Sex 5. Color or race 6. (a) Single, indied, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. May 15 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 19. to 19. 10. 19. 4
3. (a) FULL NAME John Joseph Miller 4. Sex 5. Color or race 6. (a) Single, reflected, widowed, or divorced male white single 5. (b) Name of husband or wife 20. DATE DF DEATH May 15 19.47 212.50, 21. I CERTIFY that death occurred on the date above stated; that I affended daceased from 19. to 19. 7. Birth date of deceased (mo., day, yr.) April 5 1919 19. 19. 8. AGE: Years Months Days If less than one day 28 1 14 hrs. min. 19. 19. 9. Birthplace (Town, county, and state) Due to Epileptic convulsion G.M. Due to 10. Usual occupation James Jam
John Joseph Miller 4. Sex 5. Color or race 6.(a) Single, maked, widowed, or divorced male white single 5. Color or race 6.(a) Single, maked, widowed, or divorced male white single 5. Color or race 6.(a) Single, maked, widowed, or divorced male white single 20. DATE OF DEATH MAY 15 19 47 all 2.50. 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 19 in 19
MEDICAL CERTIFICATION male white single 6.(a) Single, Male widowed, or divorced widowed, or divorced single 5. Color or race white single 6.(a) Single, Male widowed, or divorced single 20. DATE DF DEATH. May 15 19.47 al.2.50. 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 19. in 19
male white single 6.(b) Name of husband or wife. 6.(c) If alive, give age years deceased (mo., day, yr.) April 5 1919 8. AGE: Years Months Days If less than one day 28 1 14 hrs. min. 9. Birthplace (Town, eounty, and state) 10. Usual occupation. Harman Days of the date above stated; that I affended deceased from 19. and that I last saw h. im aDoad May 15. 19.4. Immediate cause of death Strangulation at 20. DURATION Strangulation DURATION Conce. Due to Epileptic convulsion G.M. Due to Epileptic convulsion G.M. Due to Epileptic convulsion G.M.
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) April 5 1919 8. AGE: Years Months Days If less than one day 28 1 14 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation. Harman Dusiness 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 19
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) April 5 1919 8. AGE: Years Months Days If less than one day 28 1 14 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation. Harman Dusiness 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 19
7. Birth date of deceased (mo., day, yr.) April 5 1919 8. AGE: Years Months Days If less than one day 28 1 14 hrs. min. min. once 9. Birthplace (Town, eounty, and state) Due to Epileptic convulsion G.M. 10. Usual occupation. Haranala Due to Epileptic convulsion G.M. 11. Industry or business Due to Epileptic convulsion G.M. 12. Industry or business Due to Epileptic convulsion G.M. 13. Industry or business Due to Epileptic convulsion G.M. 14. Industry or business Due to Epileptic convulsion G.M. 15. Industry or business Due to Epileptic convulsion G.M. 16. (c) If alive, give age years and that I last saw h im apoal May 15 Immediate cause of death Strangulation 15. Immediate cause of death Strangulation 16. (c) If alive, give age years and that I last saw h im apoal May 15 Immediate cause of death 17. Immediate cause of death Strangulation 18. AGE: Years Months Days If less than one day 19. (a) 19.
1. Birth date of deceased (mo., day, yr.) April 5 1919
8. AGE: Years Months Days If less than one day Strangulation at 28 1 14 hrs. min. 9. Birthplace
28 1 14 hrs. min. 9. Birthplace
9. Birthplace
1D. Usual occupation
11. Industry or business
E 12. Name Robert L. Miller Other conditions Epileptic for 14 years
E WILLIAM W. W.
2 13. Birthplace Kline W.Va (Include pregnancy within 3 months of death)
Major hadings of operations.
\$ 15. Birthplace Kline W.Va. Date of op
PHYSICIAN. Please underline the cause to which death should be charged statistically.
Address Rural)R.F.D 3 Keyser W.Va.
17. Durial Date thereof. May 17. 14. Accident, suicide, or hombcide
Cemetery or crematory Black Oak Bottom Farm Where did injury occur? (City or town) (County) (State)
Location rural Allegany Co.Md. Injured at home, farm, Industry, public place (where?)
18. Funeral director N. A. Rogers Funeral Service Means of Injury Medical Examiner - Allegany O
Address, Keyser W. Va. Will & 23. SIGNATURE V. Deming II. D. M. Saming M. Z.
19. (Date ree'd by registrar) 23. SIGNATURE 1 Definiting



MARGIN RESERVED FOR BINDING

NS

MARYLAND STATE DEPARTMENT OF HEALTH

03566

	IFICATE OF DEATH
1. PLACE OF OKATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Hospital, Institution or street address where death occurred: How long in hospital or institution?	Street No. 6 2 M 1 Planar ST (If tural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Margaret Louis	3. (b) Social Security Number
4. Sex 5. Color of race 6. (a) Single, married, widowed, or div	20. DATE OF DEATH. May 11 19 47, 21 720
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from years and that I last saw h Malive on May 19 47
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Toothure Mid (Town, county, and state)	Due to.
10. Usual occupation. 11. Industry or business 12. Name Andrew Advantage Andrew Advantage Andrew A	Due to
13. Birthplace Howerset. Par H. Maiden name Mary Margase 15. Birthplace rostburg Vivi	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mrs. Leston Drug Address Frontfull	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bull al Bate thereof. 5.— (month) (day) Complex or crematory at 1. Mcle alla Collection	
Location Loc	Injured at home form Industry sublic place (where?)
18. Funeral director. Lastlung: Med.	23. SIGNATURE. Hilda Jace Watty M. D. or other
19.5-1/ (Date ree'd by registrar) 19.47 Mess. Hauly N	Registrar Address Trootbury Date signed 5 11/

MAY 13 1947

Within corporate limits MARYLAND STATE DEPARTMENT OF 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: newborn infarts give residence of mother) (If outside city or town limits write RULL L and give nearest town) tside city or town limits, write RERAL and give nearest town) How long in above place of death?.... Nospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of death cle How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 21. I CERTIFY that death occurred on the date above stated; that I attended decea 7. Birth date of deceased (mo., day, yr.) Months 8. AGE: RESERVED d . County and tate) 10. Usual occupation. MARGIN 11. Industry or business 13. Birthplace 14. Maiden na 15. Birthplace especially 16. informant... PHYSICIAN: Please noder on the cause to which death should be charged statistically, Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof. Accident, suicide, or homicide...... Where did Injury occur? RITE (City or town) (County) Injured at home, farm, Industry, public place (where?) injured at work? Means of Injury 18. Funeral director

23. SIGNATURE ..

(State)

JUN 4 1947

BUREATES

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

	2411 N. Charles St., Baltimore	1470	03568	
CE	RTIFICATE OF DEAT	ГН	Reg. Diat. No.	}
1. PLACE OF DEATH: allegany	(For newborn in	NCE (HOME) OF DEC	EASED:	74
City or town	City or town(17 out	side city or town limits, write	RUBAL and give neares	t town)
How long in hospital or institution? One day	Street No	(If rural, give YOCA'	rion)	
3. (a) FULL NAME	ness Perry	3. ((b) Social Security Num	mber 4 4 3 3
4. Sex 5. Color or race 6.(a) Single, married, widow Fernale W 2Ma	ed, or divorced 20. DATE DF DEATH	MEDICAL CERTI	FICATION 19 457 al	405 A.
6.(b) Name of husband or wife Trank Pe	21.1 CERTIFY that death Decem	occurred on the date above slate		1 from
7. Birth date of deceased (mo., day, yr.) PMaz. 20, 19	and that I last saw h	alive on	-14	DURATION
33 1 25hr		monary Fr	nbolus	20min
8. Birthplace	rar	furition		
11. Industry or business	Due to		ving child	
13. Birthplace taly		ST 5/13/47 de pregnancy within 3 months	of death)	
15. Birthplace Tally		tions	Date of op	
Address Frostburg Mag	PHYSICIAN: Please DE	nderline the cause to which der h was due to externat causes, Illi		tistically.
1+ m.ll	Accident, suicide, or hon	(City or town)	Date of	
Location Fronthung Md		(City or town) ndustry, public place (where?).		State)
18. Funeral director Jacob Hafer Address Frostburg 2Md	means of injury	ilda Jaust	ealtry)	nu
19. 5-15- (Date rec'd by registrar)	23. SIGNATURE Address Fro S	Hours m	M. D. pro	5/14/47



correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

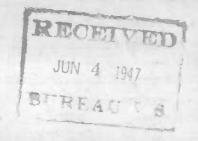
Reg. Diat. No.4

1. PLACE OF DEATH:				2. USUA	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Allegany Cumberland				State Maryland County Allegany				
(If outside city or town limits, write RURAL and give nearest town)			3121E	Cambonlan	dounty		.w	
How long in above place of death? 59 Years			City or town	Cumberlan (If outside city or town li	mlts, wri	te RURAL and give	nearest town)	
Hospital, institution, or	Now long in above place of death?							
	230 Bond St		•	Street No	Street No. 230 Bond St ((frural, give LOCATION)			
How long in hospital o	r institution?				eran, name war		••••	*******************************
3. (a) FULL NAM	E					3	. (b) Social Securi	ity Number
	Emr	na E. I	Poole				None	
4. Sex	5. Color or race		e, married, widowed, or divorced		MEDICAL	CERT	TIFICATION	
Female	White		Divorced	2D. DATE DE	DEATH May 25			7 a 6 30A
		John Po	ากใด		FY that death occurred on the date			
6.(6) Name of husband	or wife	WILL TO	70.10		I I INAI GESTA GODATICO DA INC. GALL			
		6.(c) It alive, give age		ast saw h.C.TallD@ad			
7. Birth date of deceased (mo., day,	w.) Fel	bruary	25 1878				_	
8. AGE: Year		Days	It less than one day		cause of death			
69	3	0	hrs.		petes Mellitu			
9. Birthplace Ha	ancock, Was	shingto	on Co, Maryland	Due to			•••••	

10. Usual occupation.		Hous	se	Due to			2 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
11. Industry or business	13	11						
H 12 Hame	Will:	iam Pod	ole	Other condit	ons Arterioscl	ero	gia	
	Har			other collect				
区 13. Birthpiace					(Include pregnancy withle	n 3 montl	ns of death)	
14. Maiden name 15. Birthplace	. Tem	Letii Oetr	cman	Major findi	ings of operations			
2 15. Birthplace	Buck Va	alley,	Pa.					
40 1-1	Mrs Hai	riett	Lannon		sults			
				PHYSICIAN	N: Please underline the cause to	o which	death should be charg	ged statistically.
Address			umberland, Ind.	22. VIOLE	NCE: It death was due to external	i causes.	till in the tollowing:	
17. Bu:	rial n, or removal. Which?	Date ther	eot	Accident	uicide, or homicide			
(Burial, cremation	n, or removal. Which?)	(month) (day) (year					
Cemetery or cromat	ory1'8.	rrview	Cemetery		njury occur?(City or tow			(State)
Location	Ing	glesmit	th, Pa.		nome, tarm, Industry, public place			
18. Funeral director	Willia	am H. F	Cight	Means of Inj	iury Medical E:	xam	injured at work?	deguny Oc
Address Cumberland, Md.				II II Dame	35 -	LIVA		
me.		1	0 + 11. M	23. SIGNAT	TURE H. V. Deming	M	M.	D, or other
19. (Date rec'd by re	7 7 18 4 7	X.	I' (IYOUKUU fill	ristrar Address	unterland	1 h	Bol Date sign	ed 5- 15/00

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully, important. Physicians: please write the causes of death clearly and l PLAINLY, v is especially i SEL N



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

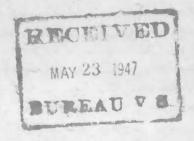
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03570

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Callenger	
City or lown	State County County
How long in above place of death? T. 5 Input	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where beath occurred:	177 7
67 Frest and	Street No. (O (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Co - to- 1 ()	J. (b) Bottal Betainly Manuscr
4. Sea 5. Color or race 6.(a) Single, married, midowed, or divorced	MEDICAL CERTIFICATION
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEDICAL CERTIFICATION
Male Whyle Widaned	20. DATE OF DEATH 1 47 19 47 21 2.3 1 N
	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
6.(b) Name of husband or wife	May 15 1847 10 may 19 1847
7. Birth date of	and that 1 West saw have alive on May 18 7 18 47
deceased (mo., day, yr.) Mart 3 1 - 1872	A A A A A A A A A A A A A A A A A A A
8. AGE: Years Months Days If less than one day	No alland Named
75 11 0 17hrshrs.	Cerence somorrage 3 vay
7 11 (11)	1
9. Birthplace (Town/cognty, and state)	Que 10. arterio Selessio
10. Usual occupation.	
1 1 1 1 1 1	Due 10
11. industry or business of harman harman	
E 12. Name	Other conditions
13. Birthplace Traslley, Ma	(Include pregnancy within 3 months of death)
14. Maiden name March Of Councer	
14. Maiden name Dany of Council	Major findings of operations
El 15. Birthplace Toosfer, Mass.	Date of op.
16. Informant Les Compsert	Antopsy results
Address 67 Frest Old Frostling by	PHYSICIAN: Please underline the cause to which death should be charged statistically.
F 22/1947	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (war)	Accident, sutcide, or homicide
17)-1 1 1, 6,	Where did injury occur?
Cemetery or crematory	
Location Trestleing Ma	Injured at home, farm, industry, public place (where?)
18. Funeral director Dage of Canada	Meane of Injury Injured at work?
To. Funeral girector	malena () (had)
Address Throndson of Marie 1	23. SIGNATURE / TIME FUMP
5-20 WY Min Halley N. M.	M. D. or other
(Date rec'd by registrar) Registrar	Address Sostwis ma Wate signed 5 - 19-71



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

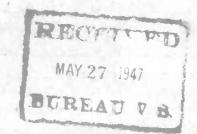
1110

03571

CERTIFICATE OF DEATH

. Diat. No.

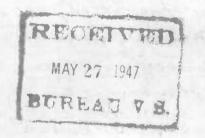
		Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME)	OF DECEASED:
unty Ulllaauy	(For newborn infants give residence of	(0111/2 2 2
or town(If outside city or town limits, write RULE (and live nearest town)	5	10.000 F
w long in above place of death?	City or town	s, write RURAG and give nearest (wn)
ital, institution, repret address where death occurred:	Street No. Mau	Dr. U
account projects		LOCATION)
w long in hospital or institution?	2.(a) It veleran, name war	
.(a) FULL NAME	/	3. (b) Social Security Number
(uigea / eagui		none
Sex 5. Color or race 6.(a) Single, married, widowed, or differed		ERTIFICATION
wale white married	20. DATE OF DEATH 5/20/	42 19 at 3 A.
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date ab	ove stated;" that I attended deceased from
CANAGE OF HUSBARIA OF WITE	5/14/47 19.	
Birth date of	and that I last saw halive on	7/19/4718
leceased (mo., day, yr.) A.G.F. Years Months Days It less than one tray	Immediate cause of death	DURATION
AGE: Years Months Days It less than ane-bay 42 6 2hrs	Over mary e	· · · · · · · · · · · · · · · · · · ·
(2) (200) 100/		
Birthplace (Town, county, and syste)	Due to	
Usual occupation houseweld		
. Industry or husigess Rome!	Due to	
	Dther conditions	
12. Name Tatrick dugain	Differ Conditions	
	(Include pregnancy within 3	months of death)
14. Maiden name Osnie Mc Guire 15. Birthplace unknown	Major findings of operations.	aheley clas
E 15. Birthplace		Date of op. 5/
6. Intermant College Reagan	Actopsy results	
Address / m. Lange /nd.	22. VtOLENCE: tt death was due to external ca	
Burial Date thereof 17 Jay 23, 19	Accident, suicide, or homicide	
(Barral, cremation, or regional, White) (mouth) (day) (year)		
Cemetery or crematory.	Where did injury occur?(City or town)	
Location arage Ma	Injured at home, tarm, industry, public place (v	
18. Funeral director	Meens of Injury	tnjured at work?
Address Fratting Md	Joan N	Nosee
Mar 21 117 0 PAKE 11: m	23. SIGNATURE	M. D. or other
(Date registrary) 19 7 . I. W. auxun, M. Begistr.	Address Carrelle	eland lungate signed 5/21/4)



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Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No...... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Allegany ion carefully. City or town ... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 38 years 62 Marion 54 Hospital, Institution, or street address where death occurred: 62 Marion St. (If rural, give LOCATION) How long in hospital or institution?... informatio of death o 3. (a) FULL NAME 3. (b) Social Security Number Isabel Treckley 4. Sex MEDICAL CERTIFICATION BINDING 19.47 at 9:05 P. M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(c) It alive, give age 3.9 years RESERVED FOR ADING INK. Supply eve Physicians: please write 7. Birth date of deceased (mo., day, yr.) If less than one day Months 4 8. AGE: Years 38 10. Usual occupation... MARGIN 11. Industry or business DIN H 12. Name To 3 C P (Include pregnancy within 3 months of death) Major findings of aperations...... especially PLAINLY, is especially PHYSICIAN: Please underline the cause tu which death should be charged statistically. Cumberlana 22. VIOLENCE: It death was due to external causes, till in the following; Accident, sulcide, or homicide..... Where did Injury occur? (City or town) SE WRITE (County) Injured at home, farm, Industry, public place (where?) Means of Injury injured at worl 18. Funeral director. 23. SIGNATURE. SN

(State)



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Par Dia	. No. 9

	2411 N. Charles St., Baltimore	1510	0001	×
CEI	TIFICATE OF DEA	.TH	Reg. Dist. No	9
1. PLACE OF DEATH: County	State	ENCE (HOME) OF D nfants give residence of mot County. County. (If rural, give LOG	ther) Allega Trite RURAL and Myo neare	est (Wn)
How long In hospital or Institution?	2.(a) If veteran, name v	War		******
3. (a) FULL NAME Martha Eliza	beth Repha	nn	3. (b) Social Security No.	umber
1, Sex 5. Cotof or race 6.(a) Single, married, wydofer Demale White married	2D. DATE DF DEATH	MEDICAL CER	TIFICATION	at 4
S.(b) Name of husband or wife	21. I CERTIFY that deat	th occurred oo the state above s	stated; that I attended decease	
7. Birth date of deceased (mo., day, yr.)	7.2 years and that I last saw h	19	ay 11	1
8. AGE: Years Sombs Days If less than orhrs.	Immediate cause of de	user Cardi Lisess	J-vascular	5 2
9. BirthplaceEckhart	md. Due to			0
1D. Usual occupation	Due to			**********
11. Industry or business				
12. Name userown		ude pregnancy within 3 mont		
14. Maiden name Unflagur		ratioos		************
15. Birthplace	1/4		Date of op	
16. Informanty JUNO	Actopsy results	ooderline the caose to which	death should be charged st	atistica (†)
Address Cophari Ma	22. VIOLENCE: It des	ath was due to external causes,	, till in the tollowing;	
Burial, cremstion, or removal. Which?)	(day) (year) Accident, suicide, or ho	omicIde	Data ot	**********
Cemetery or crematory Echhark Cecen	lery Where did injury occur	(City or jown)	(County)	(State)
Location Eckhart M		Industry, public place (where		
18. Funeral director	Means of injury	2111	Injured at work?	
Address Prostlave	nd s	Stor Al.	11 m.s) .
2 13	23. SIGNATURE.	1. Court	M. D. or	
(Date rec'd by registrar)	Registrar Address T Nos	Thung, M	. Date signed	/13/

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH: County allegacy	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	State Mary and county Allegany City or town Comberland			
How long In above place of death? O years	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. 146 Wincow St.			
146 Wincow St.	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) It veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Eleanor Johnson Rhodes	April			
4. Sex 5. Color of face B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Temales negress married	20. DATE DE DEATH 104 6 1947 at 9:50 4. M			
Time Henry Photo.	21. I CERTIFY that death occurred on the date above stated; that I atjepded deceased from			
6.(b) Name of husband or wife	James 12 19 47 10 May 6 19 87			
6. (Alt alive, give ageyears				
7. Birth date of deceased (mo., day, yr.) april 8-1877	and that I last saw h. La alive on			
8. AGE: Years Wonths Days If less than one day	Immediais cause of death			
M 10	Congetine Mut forling 4 House			
9. Birthplace Bruncherland allegany to Tud	Due to Oldoni uzonotte			
0// 60	Due to			
11. Industry or business Order thouse				
12. Name Wilson Tohnson 13. Birthplace Virginia	Other conditions			
3. Birthplace Virginia	(Include pregnancy within 3 months of deoth)			
14. Malden name Elled Tane Hell 15. Birthplace Virginia				
15. Birthplace Virginia	Major findings of operations.			
7 /	Date of op.			
16. Informant Mary Fane Thode >	PHYSICIAN: Please underline the caose to which death should be charged statistically.			
Address 146 Wineow St. Comberland, Md.				
	22. VIOLENCE: It death was due to external causes, fill in the following:			
(Burlol, cremation, or removal, Which?) (Burlol, cremation, or removal, Which?)	Accident, suicide, or homicide Date of			
Cemetery or crematory 543. Pater a Paul & Cometery	Where did injury occur?			
Location Cumberland, Md.	Injured at home, farm, Industry public place (where?)			
11 11/1.	Means of Injury Injured at work?			
18. Funeral director.	(110 - MI)			
Address Cepterbuffaut tud.	23. SIGNATURE WWW. 1791			
12 May 10, 19 47 X. P. Wandlin, M. D	M. D. or other			
(Data rec'd by registrar)	Address Sq Melve (/ Bate signed)			

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PLEASE A15

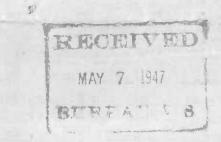
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore

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CERTIFICATE OF DEATH

1. PLACE OF DI	EATH: All	egany	***************************************	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of		
City or town(If	Flin	tstone) RURAL and give nearest town) Years	State Maryland Flintst City or town (If outside city or town lim		
Hospital, Institution, C	or street address where	death occurre	d:	Rt. 1.		
			••••••	2.(a) If veteran, name war		
3. (a) FULL NAM	4E				3. (b) Soci	al Security Number
	Homer	C. Ri	.ce		216-22	-6909
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL	CERTIFICA'	TION
Male	White	A	arried	20. DATE OF DEATH May	3	1947 all-15 P
			c) It alive, give ageyears	21. I CERTIFY that death occurred on the date and that t last saw house all the comment of the cause of death.	april	my 3 1947
8. AGE: Yas	re Months	Days	If less than one day	letenia		
49	0	9	hrs min.			
	(Town,	county, and	y Co, Maryland	Due to Charles Tollowing	3. O. Sp	val .
	e Celene			Due to Stype Ate		
			Rice	Dither conditions At Care	Manl	Klay
12. Name			ley, Pa	/5	7	
			Dicken	(Include pregnancy within		
14. Maiden name			lley, Pa.	Majur findings of uperations		
	Mrs. Hom	er C.	Rice	Autupsy results	••••••	
Address Rt	, 1. Flints	tone,	Md.	PHYStCIAN: Please underline the cause to		
			(month) (day) (year)	22. VIOLENCE: If death was due to external (Accident, suicide, or homicide		
			Cemetery	Where did Injury occur?(City or town	n) (Cou	inty) (State)
Location	Cumber	land,	Md.	tnjured at home, farm, Industry, public place	(where?)	
			ight	Maana ot Injury	Injured	at work?
Address	Cumberla			23 SIGNATURE Hamule	2	6
	1947	- 10	Registrar	14 1 10	73/11	M. D. Sthort



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2411 N. Charles St., Baltimore

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Reg. Dist. No.

CERTIFICATE OF DEATH

I. PLACE OF DEAT					2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
County			***************************************		State Maryland County Allegany		
City or towe	Flintst	one	RURAL and give nearest to	nwn)	707 444	0.00	
ity or towe Filmtstone (If outside eity or town limits, write RURAL and give nearest town) ow long in above place of death? 50 Years					City or town	ONE ts. write RURAL and give nea	rest town)
tospital, institution, or st	1.55f 5 dates2 wilsts	mestil occurre	N. C	Straet No. 12 # 2.			
Resid	ence Fli	ntsto	1e //#2	************	(If rural, giv	re LOCATION)	
dow long in hospital or in	nstitution?		······································		2.(a) It veteran, nama war	***************************************	
3. (a) FULL NAME						3. (b) Social Security	Number
	Elf	zabetl	n Robosson			None	
4, S2s	5. Color or raca	B.(a)Sing	ie, marriad, widowed, or divorce	ed	MEDICAL C	ERTIFICATION	
Female	White		Married		2D, DATE OF DEATH	6 19 47	.8-25 P
	CI	norloa	T Roboggon	Sr	21. I CERTIFY that death occurred on the data at		1
			T. Robosson,		april 15	4/ 10 May	6 197/
7. Birth date of		6.	(c) If alive, give aga	30 years	and that I last saw h . L.C. alive on 72	idy pat	19 4
deceased (mo., tay, pr.)	Jı	ine 30					DURATION
8. AGE: Yaars	Months	Days	tf less than one day		Immediant suse of death death	auma	
76	10	6	hrs	min.	due to a fr	all	12 day
9. Birthplace Grant	own Strat	h Spe	y, Scotland.		Due to.		
J. DITTING	(Town,	county, and	atate)		0		
1D. Usual occupetion	т.		***************************************		Dua to	***************************************	
11, Industry or Business		11					
至 12. Name	George	M. Sm	ith		Other conditions Arranic M	yourdules	6/nos
13. Birthplaca		cotla	nd.				
E 44 Moldes some	Mare	aret M	cClean		(Include pregnancy within 3		
15. Birthplaca					Major findings of aperations		
		Scotla				Date of op	
16. Informant	Charles '	r. Rob	osson, Sr.	***********	Antopsy results		etatistically
Addrass	Flints	stone,	Md.				otation caby.
n Buri	i a l	Data the	5/9/47 (month) (day) (22. VIOLENCE: tf death was due to estarnal ca		
17. Buri (Burial, cremation, o	or removal. Which?		(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cramatory		ill Ci	rest Cemetery		Where did tnjury occur?(City or town)	(County)	(State)
Location	C	umber	land, Md.		Injured at home, farm, Industry, public place (where?)	
10 Euganal diseases	Wil	liam H	. Kight		Maans of Injury	Injured at work?	
		rland,			017		1 mx
Addrass	1.	-	00	,	23. SIGNATURE R. M. Jr.	eraskis	C/n Zo
19. (Date rec'd by regin	8 18 47	//	ina J. De	uder!	Museuberland,	141. D.	5/1/117
(Date rec'd/by regin	strar)			Registrar	Address	Date signed	tth.fff

MAY 10 1947

MAY 27 1947
BUREAU V 8.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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/		CERTIFIC	CATE OF DEATH	g. Dist. No.
How long in above place of Hospital, thistitution, or significant with the How long in hospital or	ALI MBERLAND of death? street address where de RIAL HOSI institution?		State CUMBERLAND County City or town (If outside city or town limits, write RU 536 MARYLAND AT (If rurs), give LOCATIO 2.(a) If veteran, name war.	RAL and give nearest town) VF. N)
3. (a) FULL NAME MRS • A	GNes SHE		3. (b)	Social Security Number
FEMALE	5. Cotor or race WHITE	6.(a)Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFI MAY 4, 1947 20. DATE OF DEATH	4;05 AM
	MAY I4	1876 Days If less than one day 20 hrs.	The state of the s	3. 19 # 7. 19 # 7. DURATION 3.007
B. Birthptace	HOUSEWII	ounty, and state)	Due to.	3 20%
13. Birthplace		RRIS CT OF COLUMBIA	Dither conditions	Look)
LOW 15. Birthplace	SCOTLANI		Major findings of operations	
		Shea ve. Cumberland, l	PHYSICIAN. Please underline the cause to which death	should be charged statistically.
Location	, St. Mich Frostbu	Date thereof May 6, 1947 (month), (day) (year naels Cem. rg, Md. L. George	Accident, suicide, or homicide	(County) (State)
Address	Cumberla	nd, Md.	M. 23. SIGNATURE Clary O	M. D. orother

Registrar | Address

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V WRITE PDEASE

(Date rec'd by registrar)

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

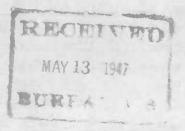
2411 N. Charles St., Baltimore

03579

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	***************************************	egany	State Maryland County Allegany		
City or towo	Cumbe	rland s, write RURAL and give nearest town)			
(If or	utside city or town limit	45 Yasra	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
How long in above place	of death?	45 Years			
nospital, ilistitution, or	street address where dea 5 South Lee	in deanical	Street No. 226 South Lee St		
			(If rural, give LOCATION)		
	Institution?	•••••••••••••••••••••••••••••••••••••••	2.(a) If veteran, name war		
3. (a) FULL NAME		ry Elizabeth Smith	3. (b) Social Security Number None		
4. Sex	5. Color or race	6.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	Colored	Widow	20. DATE OF DEATH. May 10 18 47 21 2-15 AN		
6.(b) Name of husband	or wife Cha	rles Smith	21. I CERTIFY that death occurred on the date above etated; that attended deceased from		
		6.(c) If alive, give age	april 5 19.7 10 mg/0 19.4.7		
7. Birth date of			and that I last saw h		
deceased (mo., day, P	r.) Apı		Immediate cause of death DURATION		
8. AGE: Years	Months	Days If lese than one day	arriber Februllotion 2 days		
77	1	4hrs.	min.		
9. Birthplace	Hou	Va Jefferson Co. unty, and atate)	Due to Due to		
11. Industry or business					
至 12. Name	Issac	Johnson	Other conditions		
12. Name	Rip	oon, W. Va.			
	Inte	einda Johnson	(Include pregnancy within 3 months of death)		
14. Maiden name 15. Birthplace			Major findings of operations		
≥ 15. Birthplace		ppon, W. Va.	Date of op.		
16. Informant	Mrs Li	na Yates	Antopsy results		
Address	226 South	Lee St, Cumberland, I	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Bur (Burial, eremation	ial	Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or cremato	Rippo	H cemerery	Where did injury occur?		
Location	Rippon,	W. Va.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Willia	m H. Kight	Means of Injury Injured at work?		
Address	Cumberlan	d, Ad.	B. M. Ihradler m.D.		
19. May	12 19 4.7.	J. P. Ovanklin, M. Regi	23. SIGNATURE M. D. or other Address # Prene # Date signed my 19 1 7 12		



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MARYLAND STATE DEPARTMENT OF HEALTH

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Reg. Diat. No	

2411 N. Charle	PARTMENT OF HEALTH as St., Baltimore 446 2 03580
CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County How long in above place of death?	State County 7 /244 y City or town The A (If outside city or town limits, Arite EURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Th. 3 Keyser, W. Vo.	Street No. 17. 3 Keyser W. Va (Trural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3, (a) FULL NAME	3. (b) Social Security Number
Ray Ramsey Smith	- Nove
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE DF DEATH. May 11 1947 21 9:30 P. M
6.(b) Name of husband or wife Sugara Tring Smith 7. Birth date of deceased (mo., day, yr.) November 13, 1882 8. AGE: Years Months Days If less than one day 64 5 28 hrs. min. 9. Birthplace Clarks burg Wiva. (Town fainty, and state) 10. Usual occupation Retired 11. Industry or business Engineer for botel compony 12. Name Tames Smith 13. Birthplace Virginia 14. Malden name Mortho Arnold 15. Birthplace Clarks burg, W, Va	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46, 10. May 1.19.77. and that I last saw h. L.M. alive on Immediate cause of death 9.40 CK DUE TO DURATION PERFORATION OF NEOPENSH 12 hours OF COLON Bue to retail external abstruction with a mass march Due to retail external abstruction with a mass march Due to religious of the first part of the Carge bourd Eductor about Other conditions ARTHRITIS, SEVERE, RHEVMATOIN (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant 7.5. June 2015 Smith Address 17. 3. Keyser, W. Va. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Hillerest Cemetery V	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location CD 25 25 27 27 27 27 27 27 27 27 27 27 27 27 27	Means of injury Injured at work? 23. SIGNATURE ACC Wessure M. D. or other Address Cresalstown, Ind. Date signed. 5/13/47

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MAY 15 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case sepecially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

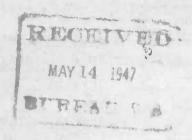
2411 N. Charles St., Baltimore

950

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DE.				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
County	.Allegany	7.F.3		State Md Couo		r
Cily or town	outside city or town li	mits, write R	URAL and give nearest town)			
How long in above place of death? 31 yrs. 10 mos. 29 day s			O mos. 29 days	City or town Cumberland (If outside city or town limits,	write RURAL and give nes	rest town)
Hospital, Institution, or	street address where	death occurred	:	Street No. 113 Polk St.		
113 Polk Street			***************************************	(If rural, give I		
How long in hospital or	Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	E	7			3. (b) Social Security	Number
Wil	Lliam And	rew S	ullivan			one _
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white	si	ngle	2D. DATE OF DEATH May 8	19.4.7.	.a.1.40A
a (b) was at husband	as with			21. I CERTIFY that death occurred on the date above	e stated; that I attended dece	ased from
				May 2 19.4	17 10 May 8	19 <u>L</u>
7. Birth date of			c) If alive, give ageyears	and that I last saw h. 1. Malive on May	7	191.7
deceased (mo., day.)		, 1915		Immediais cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	Acute dilatation of	of the	at
31	10	29	hrs,mln.	heart		once
9. Birthplace Cumb	erland, Aj	legany	County, Maryland	Due to		***************************************
1D. Usual occupation	Turrellie	3				
				Due to	***************************************	
11. Industry or busines	Androw	Sullin	an		***************************************	
12. Name				Other conditions		***************************************
	Pel			(Include pregnancy within 3 m	ontha of death)	
본 14. Maiden name.	Loretta	Cavar	1	Major findings of operations		
	Pel	cin Ma	ba a fram			
15. Birrapiace						
16. Informant	Alexand	der F.	Schute	Actorsy resolts		
Address	Cumberl	and, M	ld.	22. VIOLENCE: If death was due to external caus		
Buria]	, or removal. Which?	Date ther	eot May 1947 (month) (day) (year)			
				Accident, suicide, or homicide		
Cemetery or cremate	y St. Pat	rick's	Cem.	Where did Injury occur?(City or town)	(County)	(State)
Location	Cumber	Land, 1	ſd.	Injured at home, farm, Industry, public place (who		
18. Funeral director	M. Eich	horn		Means of Injury	Injured at work?	CO Description
Address	Lonacor	ing. 1	ld.	The state of the s	1115	1
0			0 T 11. S.	23. SIGNATUREH. V. Deming M.	M. D.	opother
19. (Date rec'd/by re	8 19 4 7 gistrar)	X.	T. JYauklu M. W.	Address Cumberland 7	Date signed	5-8/47



RLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

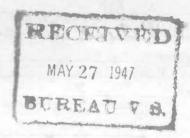
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CERTIFICATE OF DEATH

Dist. No. 4

1. PLACE OF	DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
CountyALL		APVIAND		State MARYLAND County ALLEGANY		
City or town	(If outside city or town l	mits, write RU	RAL and give nearest town)	THE COURT OF THE PARTY OF THE P	ODM	
Hew long In above p	lace of death?		***************************************		its, write RURAL and give near	est town)
Hospital, Institution	, or street address where MFMORIAL,	death occurred:	ND. MD.	Street No. (If rural, give LOCATION)		
	al or institution?	NWTD		2.(a) If veteran, name war		
3. (a) FULL NA	AME				3. (b) Social Security N	umber
	JAMES TO	NRY			lone	
4. Sex	5. Color or race	6.(a) Single,	married, widowed, or divorced	MEDICAL (CERTIFICATION	
MALE	WHITE	MARI	RIED	20. DATE OF DEATH MAY 20	47	.10:35A
& (h) Name of hugh	and or wifeKAT	rie Bic	E	21. I CERTIFY that death occurred on the date a	above stated; that lettended decea	aed from
			If alive, give ageyear	May 15, 1	47, 10 May 0	19 4
7. Birth dafe of			11 allic, Elic age	and that I last saw h	may do	194
	lay, yr.) SEPT 5	Daya	If less than one day	Immediate cause of death art. ter		DURATION
o. Adu.		Daya		gangnesse f	X/f leg	/wg.
	19		hrsmln	() ()		***************************************
9. Birthplace	MARYLAND	county, and st		Due to Cancing		***************************************
	(lown,			Degmai,	& Colow.	
10. Usual occupati	ion Metrel	Cou	penler	Due to		*******************
11. Industry or bus	siness		V		***************************************	
12 Name	JAMES TONR	Y.		Cther conditions		**********************
12. Name 13. Birthplace	TORTANT					
		PROATINA	סימית	(Include pregnancy within	3 months of death)	
14. Maiden na 15. Birthplace	ameILDEOCA	DIMANIA	A.D.A.L	Major findings of operations		
图 15. Birthplace	MARYL	AND			Date of op	
16. Informant	mro. Jas	2.00	May A	Autopsy results Com com m.	as gon or o	G
Address	11/4/2	Pera to	ond-	PHYSICIAN: Please underline the cause to	//	statistically.
0	4 4 0	0	20 12 230194	22. VIOLENCE: If death was due to external		
17 Surial, crema	ation, or remoyal, Which	Date there	(month) (day) (year)	Accident, suicide, or hemicide		
Cemetery or see	Plais	2	4	. Where did injury occur?(City or town	n) (County)	(State)
Location	1 ester	port.	-md	Injured at home, farm, industry, public place	(where?)	***********************
40 Europat disease	W. Xfn	Noce!	Hedroh A	Meana of Injury	tnjured at work?	1
18. Funeral direct		1	11 1/2 11	\ /	X)m)
Address	Je dons	71,6	2+ 11	1 23. SIGNATURE	(my)	or other
19. Ma	cy 20 19 47	XI	. Oranklin M. A. Registra	Mederal BIA	M. D. d	5-20-47
(Date rec'd h	ny registrar)		/ Registra	Address Cumba Ca	Date Signed.	
	1				7	



information carefully. The correct age of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIF	FICATE OF DEATH Reg. Dist. No.
1. PLACE OF DRAM: County City or town. (If outside city or town limits, write RURAL and give nearest the long in above place of death? Hospital institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants overesidence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) (If rursi, give LOCATION) 2.(a) It veleran, name war.
3.(a) FULL NAME Grand Barto	a Vocke 3. (b) Social Security Number
Homele Monte 6.(a) Shigh, married, widowed, or divorce	20. DATE OF DEATH Bray 1 19 47 21 10 24.
6.(b) Name of husband or wife Hammon a Vocket	21. I CERTIFY that death occurred in the date above stated; that I attended deceased from 19.7.), to 19.7.
8. AGE: Years Mony's Days if less than one day	Immediain cause of death In Due to Suran A Last Saw h. 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19
10. Usual occupation. State 11. Industry or business 12. Name. State 13. Birthplace Suland	Due to
13. Birthplace Ireland 14. Maiden name. Anna Devare 15. Birthplace Mary land	(Include pregnancy within 3 poinths of death) Major fiediogs of operations. Date of op.
16. Informant John & Jacke amlid	Actopsy resolts
17	(year) Accident, suicide, or homicide
18. Funeral director Lands Stepsis Inc. Address Cum Healand M.	Means of Injury Injured at work? (Runny Injured at work?
18 Mars 3 1847 J. P. Franklin,	M. D. or other Registrar Address. Address. Address. Address. Address.

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PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegany	(For newborn infants give residence of mother)
ounty	State Manyland County Allegany
(If outside city or town limits, write RURAL and give nearest town)	Side
ow long in above place of death? 93 yrs	(If outside city or town limits, write RURAL and give nearest town)
ow long in above place of death?	(11 outside city of town mints, write ROLAD and give heatest town)
ospital, institution, or preet address where death occurred	Street Ho. 103 Dreene St
103 Breene St.	(If rural, give LOCATION)
ow long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(home a	Nolla ton
James Trumas	word you
6. Sex 5. Color race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
had not	MA 10 114 45
mue inne incame	20. DATE OF DEATH
(b) Hame of husband or wife many and forces	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(O) Name of nusband of Wife.	19 +2 10 May 10 19 1
	ars I
deceased (mo., day, yr.) Feb 28 1854	and that I last saw h calculative on
	Immediate cause of death
B. AGE: Years Months Days If less than one day	Juran is wurinding 2
99 7 12hrsmii	n. 7
0 1.0 1 0 1	
. Birthplace	DNe to
(Town, county, and state)	
. Usual occupation	Due to.
Industry or business ne. Turney 20 yes.	
12. Hame Name Letter	Other conditions
12. Hame Marias Misters 13. Birthpiace Ind:	
	(Include pregnancy within 3 months of desth)
14. Maiden name Elizabeth Itolones 15. Birthplace	Major findings of operations.
15. Birtholace	Date of op.
0 11 / +	
16. Informant Amilo It Il Silve	Autopsy results
Address Company of the sample	
Audiess University	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which) (Burial, cremation, or removal. Which)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which)	Accident, Science, or non-security
Cemetery or crematory She faller & Dando Com.	Where did injury occur?
La A. Land	Injured at home, farm, industry, public place (where?)
Location Description	
18. Funeral director Attania Attani Grad	Means of injury injured at work?
18. Funeral director with Many and the state of the state	
Address Combaland	- Whatever X7. W.
Som in Cot 11. mg	23. SIGNATURE M.D. or other
19. 11 acs 12, 19 47 Y. T. Tranklin, 11.2	" (Tule Valla of MA) 5-15
(Date ree'd by registrar) Registra	ar Address Address

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY	State W.VA. County GRANT
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town PETERS BURG (If outside city or town limits, write RURAL and give nearest town)
Hospital, Jastitution, or street address where death occurred:	Street No. Mystle Ossa
(1-+11-4-	(If raral, give LOCATION)
How long in hospital or instilution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MR. EMMETT W. The Whilesel	More
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 4;55 A.M.
MALE WHITE SINGLE	20. DATE OF DEATH MAY 15, 1947 19 19 at
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlanded deceased from
	19
7. Birth date of CAAA	and that I last saw h. I M. super D. May 3 1947
deceased (mo., day, yr.)	Immediate cause of death
o. Adc:	Shock y Lubrary Entelle Min
68hrsmin	ale terebral engineer 20 hrs
9. Birihplace	Due to Cerebral Congestion
	0.11
10. Usual occupationFEDERAL LAND BANKBALTIMORE	Due to Carly matter are 3: 7,4
11. Industry or business	
12. Name. JAMES WHITTS Whaterel 13. Birthplace VA.	Other conditions
ALICE AMELTA HARMAN	(Include pregnancy within 3 months of death)
ALICE AMELIA HARMAN W.VA.	Major findings of operations.
15. Birtholace	Date of op.
many mid (xosbeta)	Antopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mysteriana 1012	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, eremation, or removal, Whieh?) Date thereas (a) (month) (day) (year)	Accident, suicide, or homicide accident Date of 5.14/42
//4 // 4. /	Accident, suicide, or homicide. Date of 5. 4. 4. Where did injury occur? (City or town) (Connty) (State)
Cemetery or crematory Alleman Class	Injured at home, farm, Industry, public place (where?)
Location	Means of injury auto sellision injured at work?
18. Funeral director	Deputy Medical Examiner Allegany
Address Mana Leild Ca	HV. Daning MD
m = 1 OPT 11.	23. SIGNATURE M. D. or other
19. May S. 19. 47 The Constant of Registre	address Cambriland Mid Date signed 5-15/4

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corr is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Yoy newborn infants give residence of mother) State County City or town (If outside city or town limits, write RUBAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If reteran, name war.
3. (a) FULL NAME Rechard See 5. Color or race 6. (a) Single, married, widowed or divorced	3. (b) Social Security Number Will
4. Som 5. Color or race 6. (a) Single married, widowest or divorced Male Marte Hadroned	2D. DATE DE DEATH. PARTY 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8.(b) Name of husband or wife ** ** ** ** ** ** ** ** ** ** ** ** **	21. 1 CERTIFY that drait occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Jan 24 1873 8. AGE: Years Months Days It less than one day 14 3 15	and that I last saw hand alive on 19 Immediate cause of death DURATION
9. Birthplace	Due to Cartery & clause.
11. Industry or business Owner-Mattress Factory	Dither conditions.
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. 5/6/45
16. Informant IIm Wigand. Address Cumbuland.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date Ihereot. (month (day) (fear)) Cemetery or crematory Additional Control of the c	Accident, suicide, or homicide
Location & sumperhand	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
Address Complexing	23. SIGNATURE DE LE K. Kozuw W O
18. Market 18 47 Je P. Oranskim Mil	Address Cureleselaus us Bate signed 5/11/47

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WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF is especially important. PLEASE VS ALE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

И	
1. PLACE OF DEATH: County City or town (If outside city or town limits, write KURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infects give residence of mother) State
3. (a) FULL NAME atto Winkler	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Male White Suight	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Tue Dre, 3 1946, 10 Teca 27 1947
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURALIDN
72hrsmin.	They o cardiel Juliese 24 leas.
9. Birthplace (Town, county, and state)	Due to Cheric hugo cardetis 3423
11. Industry or business Case Mune	Due to.
12. Name Steorge Winkler 13. Birthplace Wwengwo	Other conditions
14. Malden name Wadehne Hohing 15. Birthplace Uwknown	(Include pregnancy within 8 months of death) Major findings of operations
15. 8irthplace Whenows	
16. Informant Address	Antopsy results
17. Burial Oate thereof May 30 /4 /7 (Burial, cremation, or removal. Which)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory St. Selectes Cemetery	Where did injury occur?
16. Funeral director & S. Bosl	Means of Injury Injured at work?
Address Westeryset Med.	23. SIGNATURE In Thus 7. Joues hs. &.
19. May 27 1947 X Maukluy M.D.	110 2. Centre Gt. Date done \$ 27-47

